Peer Review File

Article information: https://dx.doi.org/10.21037/tlcr-23-202

Reviewer A-Accept

Interesting editorial analysis of Selpercatinib, anti-RET, therapy

Response: Thank you for the review, and kind comments

Reviewer B-Accept

The manuscript seems well written as an editorial commentary.

Response: Thank you for review, and kind comments

Reviewer C-Accept

This is an interesting editorial commentary regarding the recent updates of the LIBRETTO-001 trial. I found the article well written and it seems to me that no remarkable information is missing from the article.

Response: Thank you for the review, and kind comments

Reviewer D

The Author's work is a precise and timely comment on the recently published update from the LIBRETTO-001 phase I/II trial.

I have just two minor comments before publication:

1. lines 86-88: authors should acknowledge that in the referenced papers median follow-up for pralsetinib-treated patients is significantly shorter than in selpercatinib treated ones (17 months vs 50 months, respectively) and that the number of patients who received pralsetinib is smallar than those who received selpercatinib (217 vs 28 in the referenced paper, respectively) and might want to modulate these sentences. Indeed, chylous effusions is reported also with other selective and multikinase RET inhibitors, suggesting a drug class AEs, rather than a selpercatinib-specific adverse event. So, the absence of chylous effusion report with pralsetinib might be secondary to either lower treatment exposure as well as because of a different toxicity profile of the selective RET-inhibitiors.

Response: I have included the sample size of the patients receiving pralsetinib, and I have incorporated the reviewer's comments into this section of the manuscript.

2. line 86: "and dose reduction and did not reduce" maybe should read "and dose reduction did not reduce"

Response: I have modified the sentence as recommended by the reviewer

Reviewer E-Accept

This is a manuscript on analysis of selpercatinib in patients with RET fusion positive non-small cell lung cancer. It presents the data of updated follow-up of the 10 LIBRETTO-001 phase I/II trial. It is a well-written, needed, and useful summary of brand-new data. Consistent with previous reports and more recent data, a more robust benefit of selpercatinib is described. Such work could be of great interest for clinical cancer research readers. Thank you for your excellent editorial commentary.

Response: Thank you for the review, and kind comments.