Peer Review File
Article information: https://dx.doi.org/10.21037/tlcr-23-215

Reviewer A
This manuscript addresses the potential clinical implications regarding the treatments of small-cell lung cancer. The focus of this editorial is well represented. In addition, the authors need to revise the points listed below.

Reply: Thanks.

1. The authors mentioned Rovalpituzumab-teserine (Rova-T), which is also a DLL3-targeted agent. Therefore, the authors need to explain the differences between Tarlatamab and Rova-T in more detail.
Reply 1: We have added that in the text.

2. DLL3 should be spelled out at the first appearance.
Reply 2: We have spelt it.

3. The authors need to describe DLL3, ASCL1 and Notch ligand in more detail.

Reviewer B
The term "breakthrough" should be avoided in connection with SCLC except it means a prolongation of the survival by two months or less. This editorial commment should clearly identify the favorable patient selection of this trial; a ECOG of 0-1 in 99% of the relapsed patients SCLC patients and a median age of 63 years is not the "Real World" patient population. This is a problem in connection with a rate of 100% of TEAS (grade III 45%) and 86% discontinuation. Obviously, 50% of the patients have progressed on a former PDL1 chemotherapy. Less favorable patients may not tolerate Tarlatamab and results may be lower in this cohort. Thus, some critical mentions should address this point.

Reply: Thanks, we have rephased the editorial to highlight this point. Though we disagree about the “breakthrough” that we have used only in the title to emphasize the technology behind the drug (more selective) rather than the data that are still premature. Having said that we have removed the term from the title

Reviewer C
The authors present a concise editorial on tarlatamab, the DLL3-CD3 bispecific antibody for relapsed SCLC. This is the first in a wave of bispecifics for this disease (and other thoracic tumors). The editorial is well written and summarizes the efficacy and toxicity well, highlighting future efforts.

In the field, the major concerns about tarlatamab are:
(1) generalizability - the patients in the trial represent a highly selected group of patients and it is unclear how this will translate to a more general patient with relapsed SCLC
Reply 1: Thanks, we have mentioned that.

(2) scalability and cost - tarlatamab is given as an inpatient infusion with close monitoring for CRS. Will patients be willing to be in the hospital so frequently? Will health systems be able to afford this?
Reply 2: We have added a sentence about it

(3) biomarkers - not just for efficacy, but also for toxicity. Who is developing CRS and does that impact efficacy (favorable or not)?
Reply 3: We have highlighted that in our editorial.