

## Peer Review File

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### Review Comments

This is the editorial regarding the recent update result of ADAURA trial. The authors nicely summarize the recent update data from the ADAURA trial.

However, I would think it as somewhat lacking in critical appraisal.

Comment 1: I think that the authors should further consider the treatment cost. If this treatment does not cure, but only delays relapse, is the cost of 3 years of osimertinib acceptable for the patient?

Author response 1: Thank you for your comment regarding cost. It is my opinion that there will be patients who achieve cure in this setting. Furthermore, the costs associated with treating metastatic disease many fold higher than those associated with earlier therapy. It is my opinion that although treatment costs are important, they should not play into the decision of a curative regimen.

Comment 2: Furthermore, the crossover rate is important in considering the results of this OS. With many countries participating where osimertinib is not available at the time of relapse, even if a benefit of ADAURA OS is shown, isn't that just looking at the effect of osimertinib post-treatment rather than the adjuvant effect of osimertinib?

Author response 2: In the ADAURA protocol, open-label osimertinib was provided by AstraZeneca post-recurrence when disease progression was confirmed and there were no contraindications with treatment and no use of intervening treatments.

Comment 3: The evidence for tyrosine kinase inhibitors being curative is the results of adjuvant chemotherapy with imatinib for GIST. In a 10-year follow-up article, both RFS and OS at 10 years were higher in the 3-year group, supporting author's considerations (Joensuu et al. JAMA Oncol 2020). I would appreciate a reconsideration as to which are the appropriate references.

Author response 3: Thank you for this comment, I have updated the manuscript to include the appropriate reference.