

Reviewer A

Comment 1: How might involvement in the EnRICH cohort modify care compared with the average patient receiving treatment for lung cancer in Australia. Does involvement in the cohort lead to better follow-up? Are the centers that recruit to the cohort generally centers of excellence that may have better support structures in place for long term patient support? Specifically, I am thinking of resources like nurse navigators or financial advisors that may not be available in all centers. How representative is the experience of this cohort compared with the average lung cancer patient?

Response 1: Involvement in the EnRICH cohort does not impact standard of care follow-up with the patients' treating clinical team. While there are additional follow-up collections of patient-reported outcomes, these are for research purposes and results are not fed back to patients or clinical teams. The centres that recruit the EnRICH cohort are specialist tertiary cancer centres and, therefore, may offer better than standard support structures during episodes of care, such as through the role of the specialist lung cancer nurse coordinator at some, but not all, centres. However, to our knowledge, the EnRICH centres do not offer extended long-term patient support. We have acknowledged this in the limitations section lines 561-566.

Changes in the text 1: *However, one potential limitation is that sites where recruitment to EnRICH occurred were all specialist tertiary cancer centres and, therefore, may offer better than standard support structures during episodes of care, such as through the role of the specialist lung cancer nurse coordinator at some, but not all, centres. Despite this, our study fills a notable void, with Lai-Kwon and colleagues [15] calling for future qualitative LC survivorship studies to be conducted among survivors ~~outside of tertiary specialist centres~~ with a broad range of demographic and clinical characteristics.*

Comment 2: The cohort interviewed for this study was intentionally heterogeneous but the results are generally presented as a homogeneous group. I suspect that the experience of early stage patients vs late stage patients, and younger patients vs older patients may be somewhat different, but these nuances are difficult to detect in the manuscript. Could the authors comment on this?

Response 2: For Themes 1, 3, and 4 we have added additional clarification of subgroup differences where possible.

- In Theme 1 we have highlighted that it was mostly those diagnosed with advanced cancer who experienced difficulty returning to work. See lines 226-227; 230; 438-439;
- Theme 2 already included substantial discussion of subgroup differences (participant age and cancer stage).
- In Themes 3 and 4, many of the challenges were expressed across both those with early and late stage LC. See lines 347-348; 373. This has been highlighted in text. Additionally, where results relate to only those with advanced diagnoses, these have been clarified. See lines 386; 408.

Changes in the text 2: Changes are displayed throughout the results section in tracked changes.

Reviewer B

Comment 1: I wondered if more than one person conducted the interviews and the qualification of the interviewer(s).

Response 1: This is highlighted in lines 156-158. Wording has been further clarified.

Changes in the text 1: *“One-on-one telephone interviews were conducted by **one person (RL-P)**, a female PhD qualified Research Fellow, **trained in qualitative research**, with a background in psycho-oncology”.*

Comment 2: I also wondered how/who determined data saturation had been achieved.

Response 2: Discussion of how saturation was achieved, and by who, has been further clarified in lines 177-182.

Changes in the text 2: *Depth and sufficiency of concepts/themes was considered after each interview, and regularly discussed by RL-P, PB, and NR. After interview 16, authors determined that new information was rarely adding meaningful data. Participants 17-20 were purposively sampled for diverse and underrepresented characteristics, however new themes or subthemes were not identified. After 20 interviews, our coding team (RL-P, PB, and NR) felt confident that we approached meaningful thematic saturation as described by Saunders and colleagues [29].*