

Peer Review File

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Reviewer Comments

This is an interesting and well-written commentary article. In general, the study reviewed has rigorous inclusion criteria such as the exclusion of patients with known history of HIV and HBV, which may results in selection bias.

Comment 1: However, it is reasonable to observe this since RCTs emphasize on the internal validity. For external validity, the authors need real-world data to answer this.

Reply 1: To answer the external validity, we sited sources that explain FDA approval for PD-L1 checkpoint therapy in NSCLC as well as including retrospective study assessing the safety and activity of PD-L1 immunotherapy in HIV associated cancers such as NSCLC.

Changes in the text: We have modified our text as advised (see page 2, lines 47-52)

Comment 2: The exclusion of NSCLC patients with activating alterations such as EGFR or ALK represents another limitation of the study reviewed. The authors need to briefly summarize the unaddressed clinical questions of the KEYNOTE-189 study.

Reply 2: We summarized the unaddressed clinical questions of this study. It focuses on the TPS scoring mentioned in the study such as being unable to conclude if Pembrolizumab plus chemotherapy vs Pembrolizumab monotherapy is superior in the subset TPS score between 1% and 49%. This same analysis cannot be made with a TPS score of less than 1%. Furthermore, the safety profile of pembrolizumab is not identified in NSCLC patients with a TPS score of less than 1%.

Changes in the text: We modified our text to answer this comment (see page 3, Lines 77-87)