

## Peer Review File

Article information: <http://dx.doi.org/10.21037/ccts-20-87>).

1. The statement in the original reference is “The overall clinical response rate (ORR)”. The wording “radiological response rate” here is NOT correct.

**Reply:** changed to: overall clinical response rate (ORR).

2. It is “14.8” as stated in the original reference, NOT “15”.

**Reply:** changed to: 14.8

3. We suggest the authors add the description of the study population of this trial, which will make it better coincide with the article theme, for example, oncology analysis (in the view of oncologist).

**Reply:** added: 232 patients with pathologically proven and operable N2-disease

4. Which kind of patients are provided with neoadjuvant chemotherapy followed by surgery? Maybe not the patients with superior sulcus tumors as mentioned below?

**Reply:** Suggestion to revert sentence to clarify that superior sulcus tumors are treated with neoadjuvant chemo-radiotherapy.

5. The authors should add more detailed descriptions about the standards based on which you define resectability upfront or provide the referring standards and literatures.

**Reply:** Reference provided below

6. At the authors’ institution, what are the diagnostic criteria for “resectability”? Does it include the patients with stage III-N2 NSCLC? Are there any specific standards for “unresectable tumors” converting into “resectable tumors”? What are the guidelines or consensus?

Please clarify which kind of the study population are provided with neoadjuvant chemotherapy and what is the purpose.

**Reply:** See previous comment. Suggestion to add "outside of a clinical trial..."

7. As mentioned above, “In Switzerland, combined chemo-radiotherapy is the standard neoadjuvant therapy for superior sulcus tumors”, then it needs references to support the practice of not performing induction chemotherapy to "convert" unresectable

**Reply:** Reference for superior sulcus tumors added above.

8. This statement could be controversial. It is your institution's practice to provide surgery for the case of nonresponding or it is recommended by specific guidelines

**Reply:** Suggestion for clarification

9. Is this a typo?

**Reply:** Trial status updated

10. Besides of the current research progress, the authors should add some contents about the current limitations and future directions. For example, the evaluation of tumor progression after neoadjuvant therapy is an urgent problem to be solved.

**Reply:** New section added below