

Peer Review File

Article information: <http://dx.doi.org/10.21037/ccts-20-128>.

Reviewer A

Comments to the authors:

Very well written and researched review on an increasingly important subject.

Dear Reviewer, thanks for your kind evaluation.

Reviewer B

Comments to the authors:

Dear Authors,

It was my pleasure to read your paper as a reviewer.

However, I have some comments regarding your work:

- The Authors stated in the introduction “The most commonly used cutoff to define elderly patients is an age of 70 and above.” Nevertheless, in the abstract, they refer to 65 years cutoff. Could the Authors clarify this point?
- In the methods section, the authors stated that they conduct their literature research from 1997. Could the author clarify why they decide to start from this particular year?
- Could the author elucidate why they use strings and words and not mesh terms?
- The major weakness of the article was the lack of structure. I suggest to the author to refer to guidelines and/or checklist for review as a basic scheme (ex. PRISMA).

Good luck with your paper and thank you to submitting it.

Dear Reviwer, thanks for your kind comments.

- We reported in our paper that more than 50% of lung cancer are diagnosed in people older than 65 but nevertheless the reported cut off in the literature between young and old patients is 70 years old.
- The majority of the paper published before 1997 with topic “thoracic surgery” in the elderly are very few and based on open surgery
- The mesh terms search gave us pretty the same results as the strings and word research
- We used the narrative review checklist according to the policy of this journal.

Reviewer C

Comments to the authors:

Dear Authors, I have read with interest your paper. As in your aims, it is a narrative review without any statistical analysis. Therefore, in Methods section you just report

the most interesting papers for different IIIA NSCLC treatments.

The paper is interesting but I would suggest you some tricks.

- line 88 and 91: please report prognosis for IIIA patients in these two papers
- line 97: could you better explain the role of VATS in IIIA patients
- line: 112 remove “of”
- It could be useful to expand the conclusions by summarizing the hypothetical treatments for elderly IIIA patients and adding or suggesting the other variables in addition to age that influence prognosis and therefore condition any therapeutic choice.

Dear Reviewer, thanks for your kind and useful comments.

-added in the paper

-comments added in the paper

-removed

-we expanded the conclusions according to your suggestions