

Peer Review File

Article information: <http://dx.doi.org/10.21037/ccts-20-101>.

Reviewer A

1. The Authors should better clarify the synergistic effect of radiotherapy and immunotherapy (please read and cite Tini P, Nardone V, Pastina P, Pirtoli L, Correale P, Giordano A. The effects of radiotherapy on the survival of patients with unresectable non-small cell lung cancer. *Expert Rev Anticancer Ther.* 2018);

Response: Thank you for your proposed literature, we implemented a small paragraph on interaction and synergy of RT and immunotherapy.

2. The Authors should report the network meta-analysis of Zhao and the concerns of other Authors (read and cite Zhao Y, Wang W, Liang H, Yang CJ, D'Amico T, Ng CSH, Liu CC, Petersen RH, Rocco G, Brunelli A, Liu J, He J, Huang W, Liang W, He J; AME Thoracic Surgery Collaborative Group. The Optimal Treatment for Stage IIIA-N2 Non-Small Cell Lung Cancer: A Network Meta-Analysis. *Ann Thorac Surg.* 2019 and Nardone V, Correale P, Guida C. The Optimal Choice of Local Therapy for Stage IIIA-N2 NSCLC: Is Radiotherapy Inferior to Surgery? *Ann Thorac Surg.* 2019)

Response: We implemented statements, based on the proposed meta-analysis

3. The Authors should briefly report the recent data regarding LUNG-ART Trial (read the ESMO presentation of Cécile Le Pechoux at <https://www.esmo.org/newsroom/press-office/esmo2020-nsclc-port-lungart-radiotherapy-lung-cancer>);

Response: Thank you for providing the link to the presentation. At submission this data was not yet presented. We happily integrated this new data in the manuscript.

Reviewer B

1. This paper intends to elucidated the effect of radiotherapy on patients with stage III non-small cell lung cancer. The thesis is unique and worth discussing. However, the contents are not up to date, some conclusions are inconsistent with the existing guidelines.

Response: Thank you for your detailed statement. We revised our manuscript paying attention to incorporate the most up-to date guidelines.

2. Radiotherapy in this paper does not reflect the new technology, 4-D, respiratory gating technology are conventional technologies for the treatment of lung cancer. The authors provided fig. 1 with a radiotherapy plan. The GTV was too large, and the radiotherapy plan was expected to be evaluated after induced chemotherapy. **The plan showed that the low-dose radiation area was too large, and easy to cause radiation pneumonia.**

Response: We changed the title, as it was misleading with the term “modern”. Figure 1 was replaced, due to the tumour extent and form, the radiation volume was not optimal for demonstration purposes. A new patient and adequate display has been chosen. The clinically important 20Gy was chosen therefore.

3. The relevant studies mentioned in the paper are not clear enough and the scope of discussion is too wide. The title is the role of radiotherapy but radiotherapy is not prominent enough. Author should describe the data about EORTC 08941, RTOG 0139, pacific, lung-art trial, and so on

Response: We restructured a large section of the manuscript to better structure the different trials and underline the role of radiation therapy.

4. Please revise the references one by one according the journal guideline.

Response: The references were revised and updated.