

## Peer Review File

**Article information:** <http://dx.doi.org/10.21037/ccts-20-139>

### Reviewer A

#### Comments to the authors:

Stage IIIA NSCLC is a very heterogenous disease, and multiple treatment modalities including chemotherapy, radiation therapy and surgery are needed to improve the outcome of this disease. Chemotherapy plays very important role in stage IIIA disease.

As a review article about chemotherapy in stage IIIA NSCLC, it should discuss about induction therapy, concurrent chemoradiotherapy and consolidation therapy.

Trials investigating chemotherapy in stage III NSCLC should be list and discussed.

Chemotherapy regimens should be also included in the manuscript.

Generally, authors should know the guide about how to write a review article before preparation of this paper

**Reply: thanks for your comments. We do agree 100% but this is a mini review as agreed with the Editor office, hence explained the lack of some of the information you would love to see. We have nevertheless expanded this bit in the revised manuscript.**

### Reviewer B

#### Comments to the authors:

I appreciated the manuscript and particularly the argument. I think it is a very complicated one and so particularly difficult to be debated. Your manuscript, although very concise, touched on almost all the themes inherent to the subject.

It is true that the theme is that of chemotherapy but I would insist throughout the manuscript on two topics that in my opinion have only been touched upon: STAGING (which is the basis of the definition of a stage IIIA) and the discussion in a MULTIDISCIPLINARY team.

English is good but there are many typos to correct especially in the immunotherapy part (lines 57, 76, 113,124,125,133).

In the introduction I would not say that the adjuvant is a standard in the T> 4 cm but rather that this is an unfavorable prognostic element which, added to others, could lead to the prescription of an adjuvant therapy.

I would add a sentence indicating in the case of chemo radiotherapy what is the standard of treatment today (eg the chemo scheme) considering that it is the basis of the review. In line 103 when it is stated that tumor cavitation is a possible side effect of ct / rt I would give a% of this occurrence.

In the conclusions I would stress more the concept that staging and multidisciplinary discussion are fundamental elements in the choice of the most correct diagnostic therapeutic procedure.

**Reply: thank you very much for your comments. We have tried to implement the article according to your comments and correct the typos.**

### **Reviewer C**

#### **Comments to the authors:**

1. References have to be revised because are not in compliance with journal author instruction.
2. For reports with up to three authors, all the author names should be listed. However, if a report has more than three authors, the first three authors should be listed followed by "et al.".

**Reply: thanks for your comments. We have edited the manuscript accordingly.**