Peer Review File

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Reviewer #1

Very well-written chapter overall, with an excellent overview of the role of SBRT in early-stage NSCLC, including classic evidence and ongoing trials in the context of inoperable and operable disease.

My only minor suggestions are as follows:
Comment 1: When mentioning immunotherapy trials like PACIFIC-4 and I-SABR in the Future Directions section, could also mention the currently accruing SWOG S1914 trial (with atezo) and KEYNOTE-867 trial (with pembro)
Response 1: We have added the trials mentioned above.

Comment 2: RTOG 0813 was published in 2019 and RTOG 0618 was published in 2018, so perhaps they should be switched in the chronology in Figure 1. Generally in Figure 1, the dates should be based on some consistently defined metric (first time presented at national conference, or publication of initial results?).
Response 2: The figure was updated with dates described according to publication of initial results.

Comment 3: For Figure 2, there should be citations for the toxicity numbers listed among peripheral, central, and ultra-central tumors, either in the figure or in the figure caption/legend. The definition of "central" was a little less clear: were ultra-central tumors included in those central numbers (since it is currently defined as <2 cm from PBT but could theoretically include ultra-central tumors).
Response 3: Figure 2 was updated to accurately represent the data presented in the paper cited in the expanded caption.

Comment 4: For Table 1, would also include 11 x 5 fx in between 12x5 and 10x5. I would also list 15x3 for peripheral as an option (based on SPACE trial in reference 17 since this was the dose to the periphery even if 22 Gy was prescribed for each fraction to the isocenter)
Response 4: These fraction schedules were added to the figure.

Reviewer #2

The authors expatiated the development and current situation of SBRT for early-stage lung cancer. The paper is clear, well written and easy to follow.

I have only minor concerns.

Comment 1: The title is "Radiation Oncology for Small Lung Nodules". Pulmonary nodules are usually smaller than 3cm. But in this paper, the authors described SBRT

(which is a branch of radiation) for T1-2 stage non-small cell lung cancer (which can be as big as 5 cm in diameter, exceeding the definition of small lung dodules). I suggest the authors to replace it with a more suitable title.
Response 1: The title was changed to "Advances in Stereotactic Body Radiation Therapy for Early Stage Non-Small Cell Lung Cancer"

Comment 2: OARs (Organs at Risk) dose constraints are very important during SBRT. Can the authors clarify this topic?
Response 2: This topic was clarified in the Toxicity section.

Comment 3: Tumor position in table 1 can be described in more details, for example, tumor size, distance from the chest wall, and so on.
Response 3: Table was further broken down into high-risk and low-risk peripheral lesions according to chest wall distance and size.