

Peer Review File

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Review Comments

Reviewer A

The authors performed a narrative review of four well-known immunotherapy options (Pembro, Atezolizumab, erdafinib and enfortumab-vedotin) for patients with non-muscle invasive bladder cancer and their various delivery forms.

I thoroughly enjoyed reading the latest updates of current developments for drug delivery and their interim results. I congratulate the authors for presenting all this information in a manner easy to read and follow. I believe this review will contribute to the literature.

Only 1 minor comment:

Line 73 states Valrubicin is the only FDA-approved therapy for BCG-unresponsive NMIBC but this not true due to recent approval of nadofaragene firadenovec

Reply 1: We changed the sentence to reflect this comment.

Changes in Text: "Salvage intravesical therapy is also an option for well-selected patients, however, Valrubicin, one of the FDA-approved intravesical therapy for BCG-unresponsive NMIBC, demonstrates only a 20% response rate and 8% recurrence-free survival at 12mos". (Page 4, Line 59-61)

Reviewer B

This review article well summarizes the current status of immunotherapy, molecularly targeted therapy, and antibody-drug conjugates (ADCs) for NMIBC. But I think that the authors should add data regarding ADCs other than EV, even though Sacituzumab Govitecan and Trastuzumab Emtansine are not used in ongoing clinical trials for NMIBC.

In addition,

In Line 130, PD-1 and PD-L1 should be spelled out when the authors first use them.

In Line 135, "programmed cell death protein 1" should be abbreviated. In Line 203, PD-L1 has already been abbreviated in Line 130. In Line 257, "carcinoma-in-situ" should be abbreviated. In Line 335, TRAE should be spelled out because the authors first used it. In Line 353, TRAE is spelled out, but this is the second use of TRAE. In Line 354, CRR has been already defined.

In Line 380, "PD-1/L1" should be corrected into "PD-1/PD-L1".

In Line 427, "h-Nectin-4-" should be corrected into "Nectin-4-".

In Line 456, "NMIIBC" should be corrected into "NMIBC".

Reply 1: We acknowledge other ADCs like Sacituzumab Govitecan and Trastuzumab

Emtansine, however their absence in current NMIBC clinical trials justifies our focused exploration on EV for a relevant overview of ADCs within the NMIBC context for this review.

Changes in Text: “We acknowledge other ADCs such as Sacituzumab Govitecan and Trastuzumab Emtansine, however, their absence in current NMIBC clinical trials justifies our focused exploration on EV.” (Page 16, Line 308-310)

Reply 2: Corrected all of the abbreviation errors in the respective locations.

Changes in Text:

- PD-1/PD-L1 changes made (Lines 105-106, 108, 164, 169, 297, 306)
- Carcinoma in site changes made (Lines 118, 124, 141, 180, 184, 187, 200, 206)
- TRAE changes made (Lines 268, 283, 287)
- Nectin-4 change made (Lines 344)
- NMIBC change made (Line 387)