

## Peer Review File

Article information: <https://dx.doi.org/10.21037/acr-23-181>

### Reviewer A

1) Authors should report the year of diagnosis to provide temporal context for treatment selection across lines.

Response: We apologize for the oversight. We added this under the Case presentation section (see Page 5, lines 77–79).

2) Did the patient have any evidence of BM?

Response: We forgot to mention it. We added this under the Case presentation section (see Page 5, lines 72–73).

3) Authors make an important point that, with capmatinib, there is low probability of treatment discontinuation due to rashes or any other AEs; in fact, in a more recent real-world study by Paik et al (Future Oncology, 2023: <https://doi.org/10.2217/fo-2022-1133>), less than 20% discontinued and among these, 90% were related to only progressive disease. This work should be cited in the section comparison with similar research for comprehensiveness.

Response: We added this to the Discussion citing relevant references (see Page 7 and 10, lines 120–121).

### Reviewer B

1. Please provide the full names of MET and NSCLC in the highlight box.

Response: Abbreviations are added.

2. Please check if the full name of CBDCA is correct in Figure 1 legend.

**CBDCA, carboplatin;**

Response: The correct the full name has been changed.