Peer Review File

Article information: https://dx.doi.org/10.21037/acr-23-153

Reviewer A

Comment 1: There are many areas that are difficult to read due to differences in fonts and missing or excessive spaces. For example, line 39, 56, 58, 68, 69, and so on.
Reply 1: I have revised it in the original text.

Comment 2: The timeline is very detailed and may lead to identification of the patient.
Reply 2: The date has been blurred as requested and the images in the article have been replaced.

Reviewer B

Comment 1: There are so many grammatical errors throughout the manuscript making it hard to follow. Extensive English editing and rewriting of the manuscript are needed before it can be reviewed again.
Reply 1: I have revised it in the original text.

Comment 2: Although this may have been the first case of sotorasib used in the first line setting for incurable non-small cell lung cancer with KRAS G12C mutation in China, there have been Phase I/II trials reported with previously untreated KRAS G12C mutated, incurable non-small cell lung cancer.
Reply 2: Due to the large population base in China, the phase 1 and 2 clinical trials did not include Chinese cases, and the clinical trials of sotorasib are far from sufficient. For patients with non-small cell lung cancer, the smaller the damage, the greater their life cycle and quality of life, we would like to propose a possibility. Targeted therapy with the KRAS G12C mutation could be a first-line drug to cure non-small cell lung cancer.

Reviewer C:

Comment 1: In the patient's medical history background, please specify whether the patient was a smoker and provide the pack-years of smoking.
Reply 1: The patient had no history of smoking

Comment 2: Has there been any molecular follow-up assessment, such as serial liquid biopsy analysis by NGS?
Reply 2: There was no molecular follow-up assessment

Comment 3: Report the variant allelic frequency of the KRAS G12C mutation. For the other alterations, clarify if NF1 is an inactivating mutation and if STK11 P281Afs is a non-synonymous inactivating mutation. Explain the functional significance of the AR Y572 mutation and mention the NGS platform used.
Reply 3: I will upload the attached information on specific tumor-specific mutations. The variant allelic frequency of the KRAS G12C mutation is 9.7%,NF1 is an inactivating mutation and STK11 P281Afs is a non-synonymous inactivating mutation. NGS is a gene sequencing platform developed based on Chinese gene big

data and authoritative TCGA data.

Comment 4: Describe the histology more accurately and report the PD-L1 expression, along with the antibody used.
Reply 4: The antibodies used by PD-L1 are Dako 22C3. The specific description of the histopathology has been revised in the original text

Comment 5: Please provide information about side effects and tolerability.
Reply 5: Patients did not develop side effects and tolerability during follow-up

Comment 6: Mention the median duration of response, which is approximately 10 months, in the Discussion section
Reply 6: The 10 months mentioned in the paper is only the follow-up date and the deadline for submission is 10 months

Comment 7: Discuss any limitations of your report, if there are any, and provide your perspective on them.
Reply 7: The limitations of this paper lie in the relatively short follow-up time (up to now, the follow-up date is just over one year) and the small sample size (the sample size is limited due to the fact that sotorasib has not been launched in China).