

Peer Review File

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Reviewer A

This is a very important and interesting research topic.

Finally, the present study aims clearly to the centre of its purpose, although its results cannot be considered conclusive because an important limit, as the authors mentioned, is the relatively small number of patients considered, even if the study's setting is a field of research where it is difficult to obtain very large samples.

Here are some suggestions:

1) At line 182-183-184 you reported "The 20 sites of oligoprogression comprised the lung (n=17, 85%), brain (n=1, 5%), bone (n=1, 5%) and lymph nodes (n=1, 5%)." These are all lesions SBRT treated? Please report the total number of metastases lesion SBRT treated, the total number of patients is 15 fifteen, how many lesions? Clarify if some patients had two or more lesions treated.

Reply 1:

Dear reviewer:

Thank you for your constructive feedback on our manuscript. We have thoroughly reviewed the suggestions provided by the reviewer and made corrections accordingly, aiming to align with the expectations of the academic community.

Notably, not all lesions were subjected to treatment; specifically, stereotactic body radiotherapy (SBRT) was administered to a total of 16 organs with metastatic lesions. Among the 15 individuals considered in our study, 14 underwent treatment for lung-related conditions, encompassing both primary pulmonary cases and intrapulmonary metastases. Additionally, one participant received treatment for brain-related issues, while another individual underwent

targeted palliative radiotherapy. This latter case involved addressing pain arising from bone metastases in conjunction with lung-focused treatment.

Changes in the text: Page 11, lines 183-189.

2) Please could you explain what's mean " Following widow progression" at line 184? What's mean (not available) at line 194?

Reply2: Thank you for your comment. The terminological error "Following widow progression" has been rectified to "Following oligoprogression". Additionally, "Not available" has been amended to "Not Reached". Furthermore, the D-map in Figure 1 has been corrected.

Changes in the text: Page 11, lines 189-190. Figure 1 D.

3) At line 200 you refer to disease response for 20 loci, please specify if you consider all lesions treated as I mentioned above. How many metastases did you consider?

Reply3: Thank you for providing your insightful feedback on my manuscript. We have conscientiously reviewed the recommendations from the reviewer and implemented corrections, aiming to align our work with their expectations. Moreover, we have thoroughly addressed the concerns you raised.

In total, 16 lesions underwent treatment, and a comprehensive evaluation was conducted on all lesions exhibiting oligoprogression post-treatment. This assessment considered the potential isolating impact on efficacy, incorporating the sequential administration of radiotherapy and immunosuppressants.

Changes in the text: No changes.

Reviewer B

1) The study investigates the benefit of local treatment in patients with oligoprogression in driver-negative advanced NSCLC. This topic is currently of interest considering the increasing number of patients in this situation in our daily practice. Although interesting, the main limitation

of this study is the sample size (n=15) and the fact that 85% had oligoprogression to the lung. I think it is not possible to extend the results of the study to all sites. At least this limitation should be mentioned in the discussion: e.g. "We have to take into account that only 3 patients were treated at the extrapulmonary level". This point could modify the results obtained in terms of survival and toxicity.

Reply 1: Thanks for your helpful suggestion. The manuscript has been amended in response to the recommendations, specifically addressing the content from lines 294 to 298 on page 16.
Changes in the text: Page 16, lines 294-298.

2) On the other hand, mentioning "stereotactic whole-body radiotherapy" (as in the title) might suggest that SBRT is performed at all metastatic sites. It may be more appropriate to write only "stereotactic body radiotherapy" (SBRT).

Reply 2: Thank you for your comment. Revisions have been implemented in the title.
Changes in the text: Title (on Page 1 line 3).

3) 86.7% of patients are ECOG PS 0-1. Mentioning that they have higher PFS or OS is inappropriate considering the comparative arm (only included two ECOG PS 2 patients). I would add this limitation in the discussion along the lines of 278-279.

Reply 3: We appreciate your valuable input. In response to your suggestion, the content in lines 288-289 on Page 16 has been revised.
Changes in the text: Page 16, lines 288-289.