**Peer Review File**

Article Information: https://dx.doi.org/10.21037/tlcr-24-128

**Reviewer A:**

**[Comment 1]**

I think it is important to mention the frequency of CT scans since you are reporting efficacy outcomes and ORR.

**<Answer>**

Thank you for your comment. As you point out, the interval between CT is important. We added a sentence on line 137-139 as follows (in red color): "The patients underwent computed tomography (CT) at generally 2-3 months intervals to evaluate treatment efficacy."

**[Comment 2]**

You need to elaborate more on the five patients with brain metastases. Were they symptomatic? did they receive any treatment for their brain disease. Caspian did include brain metastases but had to be asymptomatic or previously treated. Since you are highlighting this as a major difference between your study and Caspian trial, you need to explain how different those patients were from Caspian. For more info on Caspian brain metastases data you can look at ASCO abstract # 9068 by Dr. Chen et al: https://ascopubs.org/doi/10.1200/JCO.2020.38.15_suppl.9068

**<Answer>**

Thank you for your comment. It is important to clarify the details of brain metastases, as they often affect prognosis. This study included active brain metastases. We added sentences on line 127-130 as follows (in red color): "Among the five patients with brain metastases, two were symptomatic, and one of them underwent tumor resection prior to immunochemotherapy due to poor PS resulting from symptoms of brain metastases. None of the patients underwent radiation therapy before immunochemotherapy."

**[Comment 3]**

Line 178-180: I think you meant to say this was the 1st "RWD" study to access Durva + PE in Japanese population.

**<Answer>**

Thank you for your comment. There have been several reports of real-world data (RWD) with

Durvalumab plus PE in Chinese studies, but all of them included some patients with concomitant radiotherapy. To our knowledge, our study is the initial report demonstrating pure RWD with Durvalumab plus PE alone. We apologize for the error in our initial post, where we mistakenly stated "Korea" instead of "China". Additionally, we have rectified the text, as there were several prior reports. We changed a sentence on line 180-182 as follows (in red color): "The RWD studies of durvalumab plus PE for ES-SCLC, which were conducted in China, included about 20-30% patients with concomitant radiation therapy (15)(16)(17)."

**[Comment 4]**

Line 185: please clarify that Caspian excluded "active" brain metastases but did include asymptomatic or previously treated metastases.

**<Answer>**

We appreciate your comment. We added a sentence on line 193-194 as follows (in red color): "however, it included individuals with asymptomatic or previously treated brain metastases"

**[Comment 5]**

Line 207: There is a huge difference in OS between you and Caspian. While you did propose three possible positive factors, I think mentioning potential negative factors would be credible. the small sample size, the preselection of Asian race and the retrospective nature of the study played a rule in my opinion.

**<Answer>**

Thank you for your comment. We mentioned in "Limitation" that this study is a retrospective study with a short follow-up period, but we may mislead the reader in the middle of the "Discussion." We changed a sentence on line 217 as follows (in red color): "These interventions may have prolonged OS in our study." We also added a sentence on line 218-219 as follows (in red color): "On the other hand, it is essential to consider that the small sample sizes, the short follow-up period, and the fact that only Asians participated may have influenced the OS."

**Reviewer B:**

**[Comment]**

The novelty of this paper is that it shows that PE plus durvalumab can be used for Japanese ES-

SCLC patients with poor performance status.However, the claim that this treatment showed good efficacy is not substantiated. There is no control group, only comparisons made with the CASPIAN trial. and a Korean study.

The CASPIAN study was published in 2019. In the mean time, a further analysis of the data of this study showed that, although the overall increase in survival is modest, in some SCLC subtypes it is considerable. . See a.o. Zhang S, Cheng Y. Immunotherapy for extensive-stage small-cell lung cancer: current landscape and future perspectives. Front Oncol. 2023 Apr 28;13:1142081. doi: 10.3389/fonc.2023.1142081. PMID: 37188176; PMCID: PMC10175664.

The paper would have gained considerably in value if this finding would have been adressed.

**[Answer]**

Thank you for your comment. We did not search for biomarkers. This is a retrospective study and it is difficult to examine biomarkers. However, the fact that the prognosis of immunotherapy depends on the subtype is very interesting. We will discuss biomarkers in the "Discussion." We added sentences on line 266-270 as follows (in red color): “A retrospective analysis of the IMpower133 trial and the CASPIAN trial suggested that SCLC-I is a predictive biomarker for immunotherapy of ES-SCLC (25). We did not measure or examine any biomarkers in our study. Given the rapid relapse tendency of ES-SCLC, predicting the response to immunotherapy is of paramount importance. Further studies by SCLC subtype are warranted.”