

Peer Review File

Article information: <https://dx.doi.org/10.21037/med-23-38>

Reviewer A

Comment 1: This narrative review perfectly illustrates all the topics linked to PORT in TET. This is a well-documented and easy to read narrative review

Minor comments

Why TNM is not discussed here as a staging procedure ; the authors should take this staging into consideration and discussed it in line with the PORT decision

Reply 1: As you have pointed out, the TNM system is important for discussing PORT decisions. However, previous reports on PORT were largely based on Masaoka or Masaoka-Koga staging.

Changes in the text: In the first paragraph of Section 3.1.1. "Masaoka or Masaoka-Koga staging", we mentioned the limitation of available literature on PORT based on the TNM staging system, as per your comments. We have also added a discussion of TNM 9th edition of TNM in the same section. (page 8, line 133—142).

Comment 2: line 30 : thymomas and thymic carcinomas

Reply 2: Thank you for pointing that out.

Changes in the text: We added the word "thymic" as advised (page 3, line 28).

Comment 3: line 76 : thymoma B1-B2-B3

Reply 3: Thank you for pointing that out. We modified the manuscript as follows:

Changes in the text: We have modified the manuscript as advised (page 5, line 74—75).

Comment 4: line 79 : the 10 year OS for thymic carcinoma should be given

Reply 4: Thank you for pointing that out.

Changes in the text: As advised, we have added the 10-year OS for thymic carcinoma to the manuscript (see page 5, line 76—77).

Comment 5: line 90 add R1 et R2

Reply 5: Thank you for pointing that out.

Changes in the text: We have modified the manuscript as advised (page 6, line 89).

Comment 6: line 187 because PORT

Reply 6: Thank you for pointing that out.

Changes in the text: We have added these words as advised (page 11, line 205).

Comment 7: line 199 WHO type B replaced by WHO type B2-B3?

Reply 7: Thank you for pointing that out.

Changes in the text: We have made the suggested revision (page 12, line 223).

Comment 8: line 358 : abscopal effect should be explained for the non-specialized reader

Reply 8: Thank you for your valuable comment.

Changes in the text: As advised, we have added a description of the abscopal effect to the manuscript (page 19, line 379—382): “The abscopal effect was proposed in 1953, and it is hypothesized that the immune system plays a role in mediating this phenomenon, leading to therapeutic effects on lesions located outside the irradiated field.”

Reviewer B

Comment 1: I read this interesting review by Noriko Kishi and Yukinori Matsuo on the role of post-operative radiotherapy (PORT) for thymic epithelial tumors (TET).

Authors reported an exhaustive summary of the role of PORT in TET surgically treated.

The aim of the article is very interesting but there are some issues and concerns.

- 10-year OS is too low for B3 thymomas, authors should upload this data (row 78).

Reply 1: We appreciate for your insightful comment.

Changes in the text: We uploaded the 10-year OS of patients with B3 thymomas according to a previous report focusing on type B3 thymomas (J Thorac Oncol. 2013;8(10):1329-1334.) (see page 5, line 77).

Comment 2: All the reported studies could be summarized in a “pro vs cons” table to improve the readability of the text.

Reply 2: Thank you for your valuable advice.

Changes in the text: We have added Table 4, “pro vs cons” of previous database studies to prevent overcrowding in Table 3 (see Table 4).

Comment 3: The discussion on the role of PORT in R2 TET could be improved with the help of the following manuscript (PMID: 37104878)

Reply 3: Thank you for your valuable feedback. We believe that the discussion has improved compared with the previous version.

Changes in the text: Based on your suggestion, we have modified section 3.1.1 regarding

the role of PORT in R2 TETs (see page 8, line 133—142).

Comment 4: Stage III TET (according to M-Koga staging system) is a too heterogenous group since include tumor invading the lung (that is easily resectable with free-margin, usually), great vessels where surgeons should pay more attention to spare as much as vessel possible or tumor invading phrenic nerve where any attempt to save it (accepting the risk of R1 resection) should be considered (PMID: 30336118). Authors should report this aspect in the review.

Reply 4: Thank you for your valuable feedback. We believe that the discussion has improved compared with the previous version.

Changes in the text: Based on your suggestion, we have modified section 3.1.1 on the heterogeneity of Stage III TETs (page 10, line 177—186).

Comment 5: Sentence on the targeted therapies as everolimus etc. (line 215-217) is not clear.

Reply 5: We thank for your thoughtful comments.

Changes in the text: We have modified the manuscript describing the target therapies to clarify these sentences (see page 13, line 239—242) “Recently, phase II trials have demonstrated that targeted therapies, including everolimus, lenvatinib, and sunitinib, may induce durable disease control in patients with recurrent TETs as second-line treatment (42–44). However, there is no evidence supporting the concurrent use of systemic therapies and radiotherapy.”

Comment 6: The Photon beam radiotherapy chapter has too operative features that are not in line with the rest of the narrative review.

Reply 6: We thank for your thoughtful comments.

Changes in the text: We deleted the detailed description in Section 4.1., photon beam radiotherapy (see Page 13, line 254—257).

Reviewer C

Comment 1: Very precise narrative review concerning the efficacy of postoperative radiotherapy for thymus epithelial tumors. This topic is often discussed about in oncologist tumor boards, making this manuscript highly interesting. The manuscript is well written and includes the relevant literature. I have (rather unusual for me) no more suggestions for improvement. Well done!

Reply 1: Thank you for your comment. We have made further improvements to the

manuscript based on the reviewers' comments.