

Peer Review File

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Reviewer A

The authors are describing an article regarding the effectiveness of multi-disciplinary team management on 5-year over all survival for patients with stage III lung, the article showing a promise indication of the multi-disciplinary team by reaching better results with survival, and less invasive local strategies were reported, as lung cancer oncologist I think it's very important to have multi-disciplinary team and it's very effective. I have no comments, good luck.

Reviewer B

This is a well conducted and well-written study with very interesting and clinically relevant results. MDT implementation was associated with increased utilization of trimodality therapy for resected patients, decreased pneumonectomies, increased lobectomies etc as well as improved survival.

Optionally the authors could consider to assess how many patients in the MDT era underwent targeted therapies or immunotherapy after relapse, because this could also lead to prolonged survival (these therapies were not available in the preMDT era 2005-2011 in contrast to the MDT era 2012-2020), this could also be discussed along with publications showing this trend in the timeframe, like for example <https://pubmed.ncbi.nlm.nih.gov/35738973/>.

The authors could also consider providing the DFS, which is not influenced by the treatment after relapse (in contrast to the OS given now)

Reply: We thank the reviewer for his suggestion.

This retrospective study did not focus on relapse analysis, it was not a primary or secondary objective. However, we collected data on post-surgical relapse rates for patients who underwent surgery. This information, the number of patients who relapsed, has been incorporated into the manuscript as descriptive analysis.

It's important to clarify that patients in the pre-MDT group received targeted therapies such as erlotinib or gefitinib.

We were unable to report data on the modality of therapy following relapse due to a high number of missing data points.

As suggested, we added the disease-free-survival curve.

Changes in the text: In Table 1 we added data regarding the relapses (see Page 9 line 152 and Table 1). We added a new Figure (the new S1) in the supplementary materials and we discussed it in Page 7 and line 107-110 and Page 10 line 166-167.
