

## Peer Review File

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### Review Comments

#### Reviewer A

*This manuscript was a narrative review for perioperative systemic therapy in RCC. I request that the following points be corrected.*

**Comment 1:** *Additional explanations are required for the drugs such as relatlimab, tislelizumab, toripalimab that are not listed in the guidelines or are not well known.*

**Reply 1:** Additional explanations have been provided for the drugs listed above.

**Changes in the text:** We have modified our text as advised (see page 18, lines 522-523; page 19, lines 527-528).

**Comment 2:** *This part has no description for neoadjuvant, only for adjuvant setting. It should be added the subtitle of 3.5.2 that it is aimed at adjuvant setting.*

**Reply 2:** We have added the adjuvant setting to subtitle of 3.5.2.

**Changes in the text:** We have modified our text as advised (see page 19, line 555).

**Comment 3:** *Authors should mention in the conclusion part that there is a dearth of data on neoadjuvant setting in RCC.*

**Reply 3:** We have mentioned in the conclusion that there is a dearth of data on the neoadjuvant setting in RCC.

**Changes in the text:** We have modified our text as advised (see page 21, lines 598-599)

#### Reviewer B

*This review reported about perioperative systemic therapy for high-risk RCC after surgery. Overall, this paper is well written. The reviewer would like to suggest some critiques as follows.*

**Comment 1:** *First of all, the authors should follow the journal style indicated in the instructions for authors (how to write at line breaks, how to write references, etc.).*

**Reply 1:** We modified the manuscript to reflect the journal style.

**Changes in the text:** We have modified our text as advised.

**Comment 2:** *On line 63, the authors should use “renal cell carcinoma” instead of “kidney cancer.”*

**Reply 2:** The statistic quoted is for kidney cancer, which includes both renal cell carcinoma and other types of kidney cancer such as transitional cell carcinoma from renal pelvis and sarcoma. Unfortunately, there is not an exact number for only renal cell carcinoma available from the yearly cancer statistics. Therefore, the term “kidney cancer” is most appropriate.

**Changes in the text:** N/A

**Comment 3:** *The mainstay of treatment for RCC is I-O doublet or I-O+TKI. Therefore, the*

*description of TKI monotherapy should be simplified.*

**Reply 3:** Thank you. We agree the IO-IO or IO-TKI is the mainstay treatment for metastatic RCC. However, their role in the neoadjuvant setting is still unclear and is under investigation. The bulk of the literature is from the TKI era; therefore, it occupies a decent amount of space. Our goal is to include and inform the audience of prior knowledge as much as possible in this comprehensive review.

**Changes in the text:** N/A