Peer Review File

Article information: http://dx.doi.org/10.21037/tlcr-20-458

Reviewer A: Accept pending minor revision

Comments:
Nicely written review on radiotherapy for thymic epithelial tumours.

Comment 1: SBRT results for mets/recurrence may be described
Reply 1: We added SBRT results from Hao et al.
"The single-institution analysis of Hao et al. demonstrates that patients treated with SBRT had an excellent local control with low rate of acute toxicities, which suggests that SBRT is feasible for the patients with TETs who are unable to undergo either surgery or conventionally fractionated radiation therapy or as a palliative therapy for metastases of TETs (71)."

Comment 2: Baseline MRI interest could be mentioned
Reply 2: We added a comment on baseline MRI
"Contrast-enhanced computed tomography (CT) is essential for the diagnosis and to define the best strategy of care (7). CT is equal or superior to magnetic resonance imaging (MRI) for the diagnosis, except in the setting of cystic lesions (8)."

Comment 3: Few sentence on myasthenia implication for the oncologist may be added (concomitant prohibited treatment…)
Reply 3: We added a new paragraph addressing this topic
"One-third of patients with thymoma present with autoimmune disorders, mainly myasthenia gravis which is particularly common in type AB, B1 and B2 thymomas and almost always associated with anti-acetylcholine receptor antibodies (6). Myasthenia gravis is a consequence of cross-reactivity of anti-thymoma immune response with the neuromuscular junction. In patients suffering from paraneoplastic myasthenia gravis, commonly used drugs such as ciprofloxacin, beta blockers, calcium channel blockers, muscle relaxants and verapamil among others should not be administered as they can worsen the symptoms of myasthenia gravis."

Comment 4: May be emphasized that thoracic RT is generally well tolerated
Reply 4: Information was added to the radiotherapy section.
"Thoracic RT for TETs is generally well tolerated."

Comment 5: CAP (cisplatin, doxorubicin and cyclophosphamide) is most often considered the preferred regimen
Reply 5: We added this information to the systemic treatment section

“The preferred regimen for thymoma is cisplatin/doxorubicin/cyclophosphamide (CAP) (87-90). For TC carboplatin/paclitaxel is the preferred regime for first-line therapy (91-100).”

Comment 6: Treatment planning section should be placed before neoadjuvant section
Reply 6: The planning section was placed before the neoadjuvant section.

Comment 7: ESMO guidelines reference should be added to Figures legend
Reply 7: ESMO guidelines reference was added to the figures

Reviewer B: Accept pending minor revision

Comments:
This is a well-written and well-organized review manuscript focusing on the role of radiation therapy in thymic malignancies. The authors undertook an extensive review of past literature and a "look into the future". Especially helpful are the graphs on the suggested management and frequent references to the international guidelines. Below are specific comments to the authors:

Comment 7: Throughout the paper, there are frequently no mentions of the number of patients who were studied in the quoted literature. In addition to saying "a large series" it is necessary to state patient number, since this impacts on the validity of the investigation. The readers would likely think differently of the impact of a 23 patient study vs. a report on 450 patients.
Reply 7: we added the number of patients where we used the term “large series/cohort”

Comment 8: page 4, lines 28-32: please mention chemo-RT (in addition to induction chemotherapy alone) as a possible approach, especially that later in the article induction chemo-RT is being discussed as a valid therapy.
Reply 8: we added the option of radiochemotherapy
“…induction chemotherapy with or without RT…”

Comment 9: page 4, line 43: mistyped word, "unresecefigure"
Reply 9: corrected to “unresectable”, thank you

Comment 10: page 7, line 33 onward: again, no patient numbers from quoted papers are listed.
Reply 10: number of patients was added
“The large population-based study by Weksler et al. with 476 patients demonstrated an…”
Comment 11: page 9, "systemic treatment": are there any reports on a carboplatin-based systemic therapy? Carboplatin + paclitaxel is frequently used in the US in conjunction with concurrent RT for definitive treatment of unresectable cases.
Reply 11: the option of this chemotherapy regime was added to this section
“Cisplatin-based multi-agent combinations are considered standard of care. The preferred regimen for thymoma is cisplatin/doxorubicin/cyclophosphamide (CAP) (87-90). For TC carboplatin/paclitaxel is the preferred regime for first-line therapy (91-100).”

Comment 12: page 9, while commenting on the ongoing clinical trials, it may be useful to list all current studies as listed on the clinicaltrials.gov webpage.
Reply 12: additional table (Table 2) with ongoing trials was added