

Peer Review File

Article information: <http://dx.doi.org/10.21037/ccts-20-97>.

REVIEWER 1

Comments to the authors:

Very well written and interesting paper.

Reply 1:

Thank you.

REVIEWER 2

Comments to the authors:

Congratulation for your paper. I suggest you some changes. First of all, it could be useful to add a “methods” chapter showing criteria adopted to selected cited articles (key words, medical library, etc). Second, since you have addressed many clinical patterns, I suggest a brief summary, may be at the end of each chapter, to better convey the message.

Reply 2:

This is a very good and important point to mention, thank you. We now integrated a “methods” section.

We think that adding separate summaries after each of the small chapters would go beyond the constraints of the article. Therefore, we created table 2 and table 3 to give the reader a quick overview with a more detailed but still summarized review of the current literature and guidelines in the separate chapters according to the specific sub-groups of stage IIIA non-small cell lung cancer.

REVIEWER 3

Comments to the authors:

Very thorough and well written review on a very wide topic. The author(s) explored all the aspects and the potential management according to different scenarios. Language is very accurate. I would probably develop more the paragraph of bulky lymph nodes highlighting which guidelines consider bulky lymph nodes as unresectable or even a contraindication for surgery.

Reply 3:

This is actually a remarkably interesting challenge. Some of the current guidelines do not refer to the term “bulky disease”, “bulky lymph nodes” or lymph nodes defined on size at all. This could be clarified in future version of the guidelines regarding the highly discussed topic. Overall, we expanded upon this topic and illustrated the separate recommendations, thank you.

REVIEWER 4

Comments to the authors:

Very thorough and well written review on a very wide topic. However, there was one point that the author could include. ‘R-uncertain’ resections have been included in the R-classification (10.1016/j.jtho.2019.10.019), which have margins negative for invasive cancer, but any combination of inadequate nodal dissection, involvement of the highest resected mediastinal lymph node, carcinoma in-situ at the bronchial resection margin and positive pleural lavage cytology. According to the topic of heterogeneity of Stage IIIA NSCLC, R-uncertain resection should have significant prognostic effect.

Reply 4:

This is very true. We integrated the subtopic of R(un) referencing the article you mentioned, thank you.