

Reviewer #1: Dear authors, Thank you for your successful surgical results and this study that will contribute to the literature.

1. Have your patients undergone preoperative restaging? Otherwise, was it just not progressing enough in terms of surgical indication?
2. How were the patients evaluated in terms of respiratory functions in the preoperative period? eg pulmonary function test, cardiopulmonary exercise test or DLCO test?
3. How many cases have you had preferred sleeve resection to avoid pneumonectomy?

Dear Reviewer,

First of all, we appreciate your kind and constructive review. In the following text you will find the answers to your questions.

**Question 1.** After neoadjuvant treatment, all patients were evaluated in our lung cancer committee with computed tomography using RECIST criteria. Since all patients analyzed in this study were considered resectable at baseline, prior to neoadjuvant treatment, by experienced thoracic surgeons and radiologists, no further preoperative staging evaluation was performed.

**Question 2.** Respiratory function was evaluated in all patients, with special importance of forced expiratory volume in 1 second (FEV1), diffusing capacity of the lungs for carbon monoxide (DLCO) as a reference to evaluate the possibility of radiotherapy and surgery.

**Question 3.** Of the evaluated patients, only 2 sleeve resections with vascular reconstruction were performed to avoid pneumonectomy (Table 3).

I hope I have been able to clarify your doubts about our manuscript.

Best regards,

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