

## Peer review file

Article information: <http://dx.doi.org/10.21037/jtd-20-1997>

### Reviewer A

Comment 1: “However, the English needs to be improved[...]”

Reply 1: Thank you for your suggestion. As we are not native speakers we ordered external language revision by English native speaker.

Changes in text: External language editing service (AJE) have made numerous changes throughout the text (marked in red; Pages 1-17 Lines 15-367). Please find Language Editing Certificate attached.

Comment 2: “Please explain all abbreviations when used for the first time [...]”

Reply 2: Indeed, we forgot to provide the full definition in first mention of LODDS. We noticed that; OS, LNR and TNM were also not explained on first mention. Thank you.

Changes in text: OS, TNM, LNR, LODDS abbreviations were explained on first mention in text (Page 4, Line 67; Page 5, Line 76; Page 8, Lines 148-149; Page 10, Lines 208-209; respectively)

Comment 3: “The two first references should be replaced by more recent: there is about 10 years from 2011!”

Reply 3: Thank you for that suggestion. More recent data seems to be more appropriate.

Changes in text: We changed 2<sup>nd</sup> and 3<sup>rd</sup> sentence of Introduction section to: “*According to statistics, in the United States, nearly 1.8 million people are diagnosed with lung cancer each year only, and more than 600,000 people died because of this malignancy in 2019 (1). According to the literature, the 5-year overall survival (OS) rate of patients with non-small-cell lung cancer (NSCLC), accounting for approximately 80% of all cases of lung cancer, is 18% (2).*” (Page 4, Lines 64-69)

References no. 1 and no. 2 were changed to more recent papers: “1. Siegel RL, Miller KD, Jemal A. *Cancer statistics, 2019. CA Cancer J Clin 2019;69:7-34.*” and “2. Bray F, Ferlay J, Soerjomataram I, et al. *Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin 2018;68:394-424.*” (Page 18, Lines 378-382)

Comment 4: “There are 2 Table 2, why?”

Reply 4: We revised the Table numbers. There must have been word processing package error that changed table number during creation of reviewer version of our manuscript (in original Table file it was correct)

Changes in text: We deleted table numbers and inserted the numbers manually. (File Tables, Page 1-4, First row of each table)

## **Reviewer B**

Comment 1: Page 5: Some numbers in parentheses denote references and some express the number of LN. This is very confusing to me.

Reply 1: Thank you for this comment. They are confusing. We added extra text in parentheses to provide better clarity which represent the reference and which the main text.

Changes in text. Numbers in parentheses were explained with extra text. (Page 6, Lines 111-112; Page 7, Line 120; Page 7, Line 128; Page 12, Line 241)

Comment 2: Page 5, line 104: "the indifference" should be changed into "no significance between the two subgroups". The term, indifference means "unconcern".

Reply 2: Thank you. We changed it accordingly to your suggestion.

Changes in text: "The indifference" was changed to "No significance between the two subgroups" (Page 7, Lines 121-122)

Comment 3: Current nodal staging based on the location has quite an easy aspect of determining neoadjuvant treatment through clinical staging like EBUS. If you want to change the N staging into the number related N staging, how will clinical nodal staging be performed before surgery? Is there a reliable method? You should mention it and answer the concern.

Reply 3: This is a unsolved problem in staging of lung cancer. Current diagnostic test used for preoperative staging are not precise enough to count lymph nodes (especially the negative ones for proper staging depending on classification) and to detect positive ones (occult nodal metastasis is still a clinical problem). Also there is not enough data to validate introduction of new classification into clinical staging. This can be solved using 2 separate methods – ongoing classification for clinical staging (cN) and new one for pathological staging (pN). Separate methods for cN and pN are already used in case of breast cancer. However, some lung cancer experts do not support such solution in case of NSCLC. In our opinion such solution would be a great. Thank you for this comment. In our text we mentioned about that problem in second-to-last paragraph in Discussion section. We provided 2 extra sentences in this paragraph for extra clarity.

Changes in text: "For cN, ongoing TNM staging seems to be a good compromise for making treatment decisions" sentence was introduced (Page 16, Lines 355-356).

"Even if a new nodal classification is introduced to the pathological staging of lung cancer, the nodal clinical staging would probably remain unchanged." sentence was introduced (Page 17, lines 358-360)

Comment 4: There are many missing signs such as commas (.). The more refined English expressions are needed for better readability.

Reply 4: Thank you. We ordered external language revision of the manuscript by English native speaker.

Changes in text: External language editing service (AJE) have made numerous changes throughout the text (marked in red; Pages 1-17 Lines 15-367). Please find Language Editing Certificate attached.

### **Reviewer C**

Comment 1: My main concern is regarding the method. In my opinion, a well establish searching method increases the scientific power of a review article. Therefore, consider to include a detailed report of searching and selecting methods of the included manuscripts.

Reply 1: Thank you. Accordingly, to your comment and narrative review checklist we introduced method section in our article.

Changes in text: Methods section was introduced (Pages 5-6, lines 87-98)

Comment 2: Moreover, a Proofreading of English should be done: there are some inaccuracies and some sentences are not clear.

Reply 2: Thank you. We ordered external professional language editing of our manuscript.

Changes in text: External language editing service (AJE) have made numerous changes throughout the text (marked in red; Pages 1-17 Lines 15-367). Please find Language Editing Certificate attached.

### **Reviewer D**

Comment 1: Overall, there are some linguistic mistakes. Linguistic revision by a native English speaker is mandatory.

Reply 1: Thank you. We ordered external linguistic revision by native speaker.

Changes in text: External language editing service (AJE) have made numerous changes throughout the text (marked in red; Pages 1-17 Lines 15-367). Please find Language Editing Certificate attached.

Comment 2: Title, I suggest the Authors to add a meta analysis.

Reply 2: Thank you, however we designed our study as Narrative Review. In case of some classifications there are a lot of data which were included in good metanalysis like Zhou J. et al. work (reference no. 22). In case of some classification there is not enough data to provide material for metanalysis. Based on increasing interest of Asamura et al. (reference no. 3)

classification we can guess that sooner or later we may see a metaanalysis of this classification. Metanalysis of every known nodal classification would be an enormous study. Also, we rather thought of up-to-date summary of knowledge for educational reasons and an inspiration for lung cancer researchers for future studies.

Changes in text: none

[Comment 3: The Authors should re-edit this section and write a structured abstract.](#)

Reply 3: Accordingly, to Journal requirements and Narrative Review checklist provided to us by Editors the abstract section should be unstructured. Could you clarify? We guess, that this comment is based on Your previous suggestion of metanalysis, where structured abstract would be more appropriate.

Changes in text: none

[Comment 4: The Authors should re-edit the 2 last sentences. They are not clear.](#)

Reply 4: Our manuscript was revised by professional language editing service.

Changes in text: External language editing service (AJE) have made numerous changes throughout the text (marked in red; Pages 1-17 Lines 15-367). Please find Language Editing Certificate attached.

[Comment 5: This section displays the main limitations of this study. The Authors should add a metanalysis of the data.](#)

Reply 5: We designed our study as Narrative Review - See Reply 2. We provided methods of our literature search in our manuscript.

Changes in text: Methods section was introduced (Pages 5-6, lines 87-98)

[Comment 6: Some references have not been reported in accordance with the Journal requirements.](#)

Reply 6: Thank you, we revised our reference library. We found that some files of new PubMed version exported as EndNote references have invalid Journal Names. Journal names were shown as full name instead of short name. We updated the library and references.

Changes in text: References section was revised and Journal Names were shortened to correct abbreviations (Pages 18-25, Lines 378-568)

[Comment 7: Table 3. Park et al. were reported twice.](#)

Reply 7: Thank you. Park et al. work was reported twice because in his work 2 potential new merged prognostic were proposed (see underlined values) –  $pN1a + pN1b + pN2a1$  or  $pN1b + pN2a1 + pN2a2$ . We provided 1 extra comment below the table for clarity.

Changes in text: We added line “Park et al. suggested two potential combined prognostic groups:  $pN1a+pN1b+pN2a1$  or  $pN1b+pN2a1+pN2a2$ .” (File Tables, Table 4, line 15)