

Peer Review File

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Review Comments-reviewer A

1) First of all, my major concern for this study is that the authors wrongly described prognostic factors as “risk factors”, which is totally wrong and should be corrected all throughout the manuscript. My second major concern regarding the study is no external validation data of the prognosis prediction models, which is important for the development and validation of the predictive model. So I do not think the current data can answer the clinical question of prognosis prediction unless the authors provided such results.

Reply: Thanks for your comments, we have changed prognostic factors as “risk factors” all throughout the manuscript. See in page 2, line 4, 9, 11, 13, 31. Page 3, line 3, 4, 6, 7, 10, 33. Page 5, line 6. Page 6, line 10, 22. Page 7, line 20. Page 8, line 1, 21. Page 14, line 6, 10. Page 15, line 3, 7. Page 16, line 3, 9. Because of the pediatric liver tumors are rare, we have not found another cohort to validation of the predictive model. We also have discussed in the limitation, page 8, line 29-31.

2) Second, the title needs to clearly indicate the prediction of prognosis of three subtypes of hepatoblastoma, hepatocellular carcinoma, and embryonal sarcoma.

Reply: Thanks for your comments, we have changed it. See in page 1, line 4

3) Third, the abstract needs further revisions. The background did not describe the clinical significance of these focuses and what the knowledge gaps are. The methods did not describe the inclusion of subjects, data extraction of clinical factors and prognosis outcomes in the database, the generation of training and validation samples, and follow up procedures. The results need to first describe the clinical characteristics of the three subtypes of HCC and please quantify the findings on the prognostic factors by providing HR and P values. Because of the above methodology limitations, the authors need to tone down the current conclusion and have comments for the clinical implications of the findings, not to repeat the significance of this study again.

Reply: Thanks for your comments, we have changed it. See in page 1, line 31-33, and page 2, line 1-20.

4) Fourth, the introduction of the main text is not informative. The authors need to review what has been known on the clinical characteristics of the liver tumors in children and adolescents and the prognosis and prognostic factors of the three subtypes of the liver tumors, analyze the knowledge gaps and limitations of prior studies, and explain the strengths of SEER data and the unique clinical questions can be answered by these data.

Reply: Thanks for your comments, we have changed it. Some studies were cited to the introduction. See in page 3, line 22-33.

5) Fifth, in the methodology of the main text, the authors need to describe the clinical research design of this study, i.e., a retrospective cohort study, and the prognosis outcomes in the database. Please use subheadings to describe the methodology including subjects, assessment of clinical factors and prognosis outcomes, and statistical analysis. In statistics, please ensure $P < 0.05$ is two-sided, describe the details of the multiple Cox regression analyses, and the threshold values of AUC for a good predictive model.

Reply: Thanks for your comments, we have changed it. See in page 4, line 11, 21. Page 5, line 1. We also changed the statistics description, see in page 5, line 3, 4, 12-16.

Review Comments-reviewer B

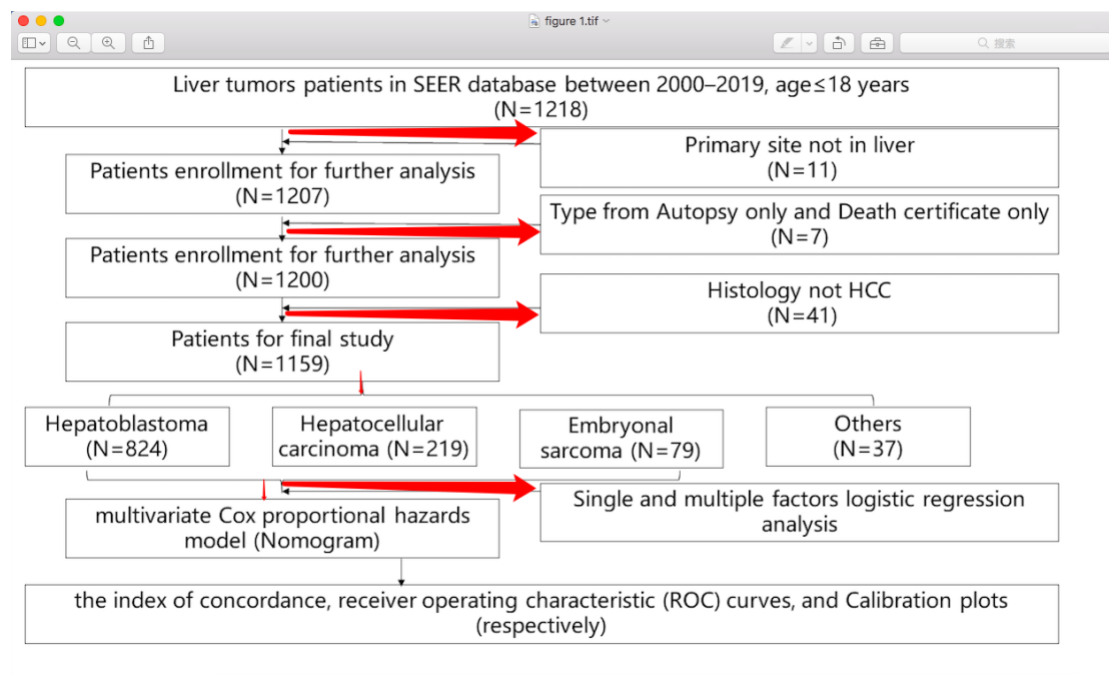
1. The authors mentioned “studies...”, while only one reference was cited. Change “Studies” to “A study” or add more citations. Please revise. Please number references consecutively in the order in which they are first mentioned in the text.

25 provided a foundation for the current management of HB (15). Previous studies have
26 applied a policy of selective preoperative chemotherapy, and 90% of HB are resectable.
27 (16).

Reply: We have changed it.

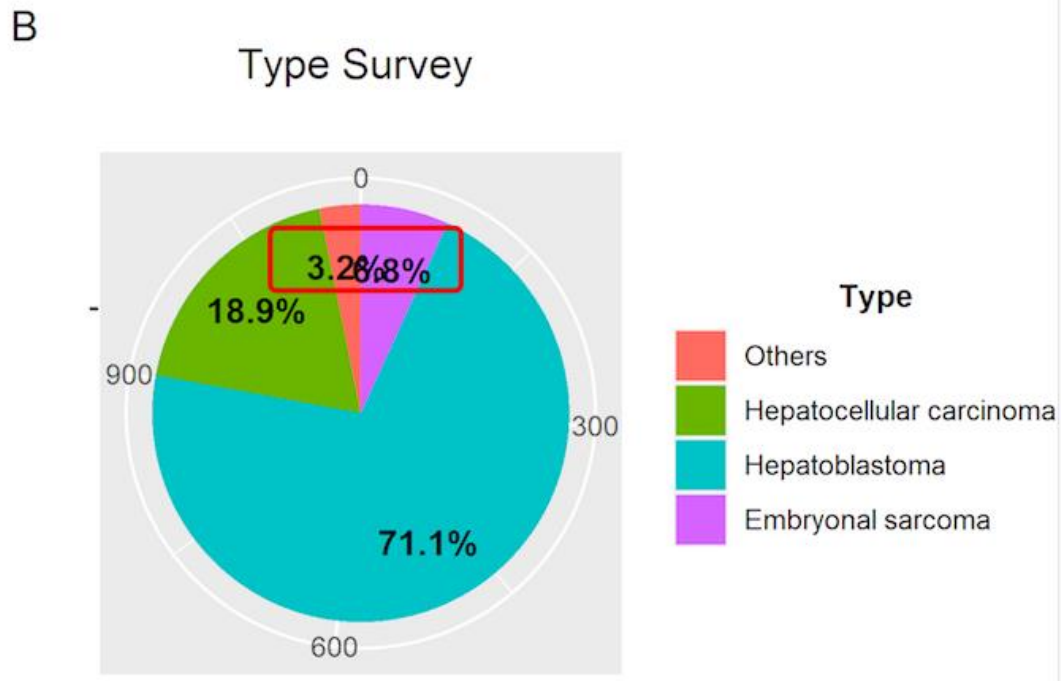
2. Figure 1

Please revise the arrows as follows.



Reply: We have changed it.

3. Figure 2B is incomplete as some words are covered. Please revise.



Reply: We have changed it.

4. Figures 6A, 7A, 8A

Should “1 year, 3 year, 5 year” be “1-year, 3-year, 5-year”? Please revise accordingly.

1 year survival

3 year survival

5 year survival

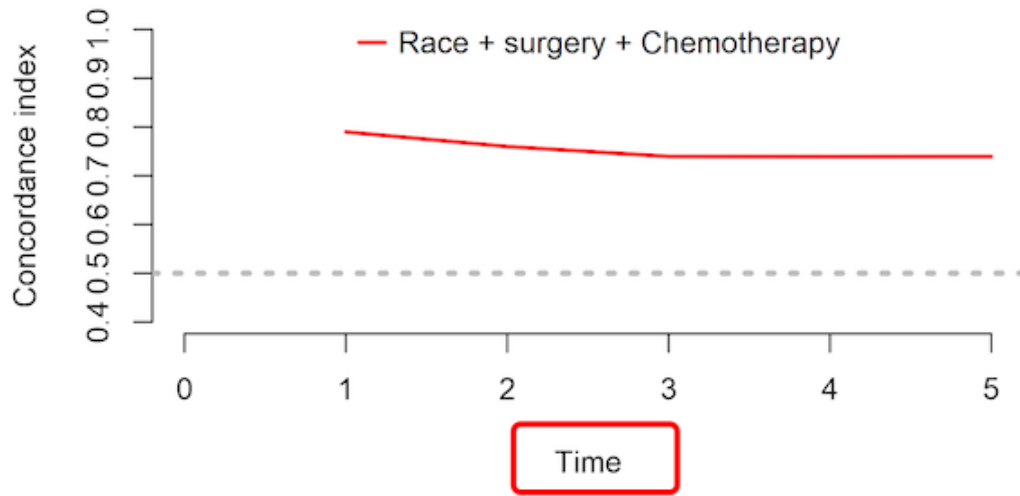
Reply: We have changed it.

5. Figures 6B, 7B, 8B

Please provide the unit for x-axis.

B

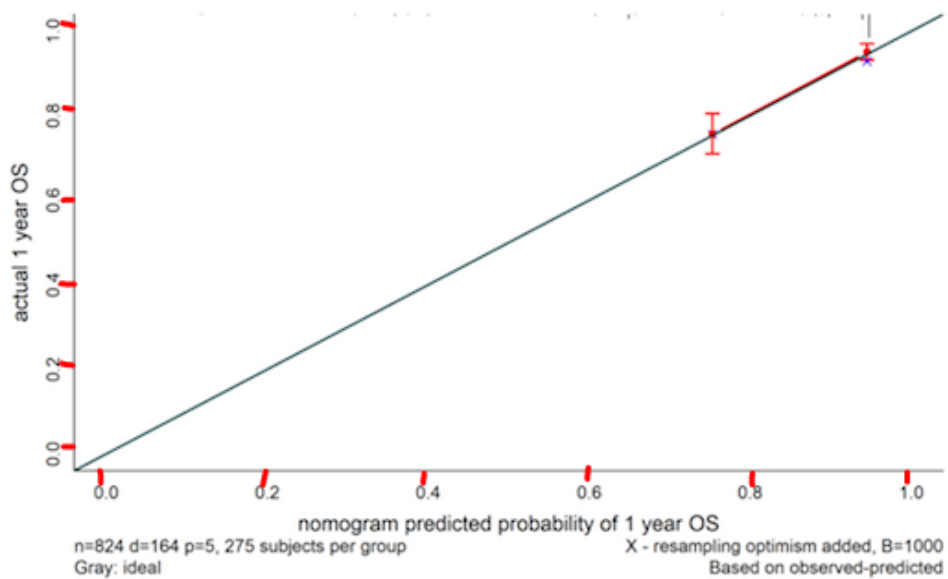
Time-dependent C-index in HB



Reply: We have changed it.

6. Figure 9

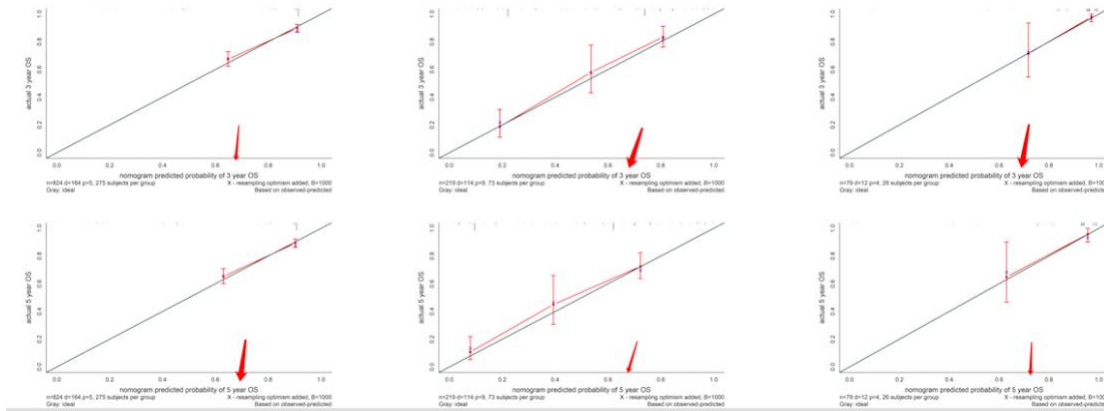
Please provide the bars as follows.



Reply: We have changed it.

7. Figure 9

Should “1 year, 3 year, 5 year” be “1-year, 3-year, 5-year”? Please revise accordingly.



Reply: We have changed it.

8. Please check all abbreviations in the abstract and the main text. Abbreviated terms should be full when they first appear. Please revise.

3 current study, and separated into 824 HB, 219 HCC, and 79 ES according to the type
 4 of pathology. Independent prognostic factors were screened by univariate and
 5 multivariate Cox regression analysis, and a prognostic nomogram was constructed for
 6 overall survival. The accuracy and discriminative abilities of the nomogram were
 7 evaluated by concordance index as well as time-dependent receiver operating
 8 characteristic curves and calibration curves
 9 **Results:** Race (P=0.0016), surgery (HR: 0.1021, P<0.001), and chemotherapy (HR:

Reply: We have changed it.

9. ALL abbreviations used in each table/figure or table/figure description should be defined in a footnote below the corresponding table/figure. Please check all figures/tables and provide correspondingly.

For example

Figure 6: ROC, OS

Figure 7: ROC, OS, HCC, TP, FP, AUC

Figure 8: ROC, OS, ES, TP, FP, AUC

Table 1: AFP

Reply: We have changed it.