

Response to Reviewer:

Comment 1: First of all, my major concern regarding this study is the two focuses of this study, the efficacy of different treatments, and the development of a prognosis prediction model. This is unusual because, in general, one study has only one research focus. The authors need to focus on one research topic and revise the paper substantially. My other concern regarding the second focus is no external validation sample, which is essential for the development and validation of a predictive model. Without this, the second focus is not complete and not deserved to be reported.

Reply 1: Thanks for your constructive suggestion! Indeed, focusing on two subjects in one study appears redundant. Also, the second focus which developed a prognostic model was not sufficiently rigorous, thus we decided to remove the model development part of our article, and keep the analysis of prognostic factors determination, which could adequately act as supplement and support of the therapeutic response analysis.

Changes in the text: As reviewer advised, we performed substantially revision to remove the model development part of the study, and supplemented the explanation of prognostic factor for GBASC patients. (Mainly see title and abstract section, method section, and result section in page 1-8, figure 5-7 was also removed)

Comment 2: Second, the title did not indicate the clinical research design of this study.

Reply 2: Thanks for your comment! We also agree to the significance of indication of study design in title and abstract. However, we found title was too limited to place the clinical research design of this study. Therefore, it was with regret that we put it in the abstract instead.

Changes in the text: We explained the research design of research in abstract. (See page 1, Method part of Abstract section)

Comment 3: Third, the abstract is not adequate. The background did not indicate the clinical needs for the development of the prognosis prediction model, the methods did not describe the inclusion of subjects and assessments of clinical factors and prognosis outcomes, the results did not report the AUC values in both the training and validation samples, and the conclusion has no detailed comments for the clinical implication of the predictive model.

Reply 3: Thanks for your comment! The model development part was not sufficiently rigorous, and we have excluded it from the study.

Changes in the text: As answered above, we removed the model development part from the study. (Mainly see title and abstract section, method section, and result section in page 1-8, figure 5-7 was also removed)

Comment 4: Fourth, in the introduction of the main text, the authors did not provide insights on the clinical needs for the prediction model and why the SEER data can ensure the development of an accurate model for the prediction of prognosis.

Reply 4: Thanks for your comment, and same solution as the answer above, we excluded the model

development part from the study.

Changes in the text: As answered above, we removed the model development part from the study. (Mainly see title and abstract section, method section, and result section in page 1-8, figure 5-7 was also removed)

Comment 5: Fifth, in the methodology of the main text, please describe the clinical research design, sample size estimation, generation of training and validation samples, and the follow up procedures of the SEER. In statistics, threshold AUC and C-index values for a good predictive model in both the training and validation samples should be reported.

Reply 5: Thanks for your constructive suggestion, and we are sorry for our cursoriness on the method part. We have detailed the clinical research design, elucidated the sample size estimation, and stated the follow up procedures as a necessary supplement to the study methodology.

Changes in the text: As advised, we stated the key element of study design (See page 3, line 24), sample size estimation (See page 4, line 20, follow up procedures (See page 4, line8) to the article.