

Peer Review File

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Reviewer A

Dear Authors:

I have reviewed your draft manuscript " Interstitial lung disease and partial resection are poor prognostic factors for NSCLC".

Congratulation on your work, on a rather interesting issue.

My comments regarding the manuscript:

- The title as well as the running title are not very informative

Reply 1: We changed the title and running title

Changes in the text: Page 1, line 2-4

- I strongly suggest that you re-edit the manuscript from a linguistic, grammatic and syntax point of view. Throughout the text, mistakes influence the meaning and consistency of the manuscript.

Reply 2: We re-edited our manuscript.

Changes in the text: Page 3, line 31-33,35-36,38-40,44-45,47-48. Page 4, line 54,58,68-69. Page 5, line 94. Page 7, line 123,131, 135-139. Page 8, line 155-157, 163-165,168. Page 9, line 170,171,179-185. Page 10, line 200,210,217-218. Page 11, line 219.

- Line 85: `partial resection` should be replaced with non-anatomical resection or wedge-resection.

Reply 3: We replaced `partial resection` to `wedge resection`

Changes in the text: Page 1, line 2,4. Page 2, line 28. Page 5, line 94. Page 7, line 131. Page 8, line 157. Page 9, line 182,184

- The inclusion as well as the exclusion criteria should be stated
Were any patients lost to follow-up?

Reply 4: We added inclusion and exclusion criteria.

Changes in the text: Page 5, line 78-80.

One suggestion that I could possibly make, is to concentrate on the effect the presence of interstitial pulmonary disease had on the survival (RFS and OS)

Reply 1: Because we concentrate on the effect the presence of ILD, we deleted the paragraph of the effect of VATS or RATS for survival.

Changes in the text: Page 10, line 201.

Reviewer B

The authors investigate prognostic variables in patients with stage 1 NSCLC treated with surgery. At face value this is an interesting report, but numerous limitations mean that the findings are not generalizable and therefore will be of low interest to the lung cancer community.

Some of the limitations are acknowledged by the authors including:

- single centre series
- missing data in the manuscript (see below)
- what appears like a very small number of pts with ILD
- over interpretation of data (see below)

Abstract/ paper: needs re-writing to improve flow and language, especially the abstract

Reply 1: We re-edited our manuscript.

Changes in the text: Page 3, line 31-33,35-36,38-40,44-45,47-48. Page 4, line 54,58,68-69. Page 5, line 94. Page 7, line 123,131, 135-139. Page 8, line 155-157, 163-165,168. Page 9, line 170,171,179-185. Page 10, line 200,210,217-218. Page 11, line 219.

Intro: I am unsure if this statement is backed by level 1 evidence: "Although the standard treatment for early stage NSCLC is lobectomy combined with systematic lymph node dissection, sublobar resection for early stage NSCLC leads toward a more favorable prognosis than lobectomy (2, 3)". Please review

Reply 2: We changed the sentence.

Changes in the text: Page 4, line 54-55.

Results:

Please present % as well as numbers (e.g. n of pts who are men, or who has VATS...)
Present actual survival/ RFS times (median/ CI) not just p values to help reader make sense of data

Reply 3: We added the % and survival time.

Changes in the text: Page 8, line 161-162.

Discussion

The results do not support this strong statement: " These results thereby postulate that segmentectomy is a more suitable surgical procedure for patients who are being considered for sublobar resection". Needs to be toned down

Reply 4: We changed the sentence.

Changes in the text: Page 10-11, line 217-129.

Figures/ Tables:

What are the numbers of pt at risk for survival curves? Seems number of ILD pts very low. Is it 7 as in table 1? If so, I would not rely on this as very few pts.

Reply 5: The number of patients at risk for survival curve is 7. The number of NSCLC patients with ILD and pStage IA is 7 in our institution.

Changes in the text: No change.