Peer Review File

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Reviewer A

The present study, which focused on association mLIPI and clinical outcomes NSCLC patients who treated with ICIs plus platinum-based chemotherapy is interesting but I have some comments.

1. How do you interpret the results that showed significant differences in PFS and OS between the three mLIPI groups, but no significant differences in ORR or DCR? This should be considered in detail in the discussion part.
Reply 1: Thanks very much for reviewer' suggestion. According to our study, this result may suggest that mLIPI score is more predictive of long-term outcomes, but has little effect on short-term outcomes. A multi-center and larger sample size is required for further verification.
Changes in the text: None.

2. How many stage IVB cases or cases with high PD-L1 expression (> 50%) were included in each mLIPI group? Were there any differences between the three groups?
Reply 2: Thanks very much for reviewer' suggestion.
There are 28, 35,10 stage IVB cases in the good, intermediate, and poor/very poor groups, respectively (p=0.214). And there are 11, 21, 3 cases with high PD-L1 expression (> 50%) in the three groups(p=0.777). Most patients lacked information of PD-L1 expression, so could not be analyzed in depth.
Changes in the text: None.

3. The results of univariate analysis of factors related to PFS and OS should also be included in Tables 3 and 4.
Reply 3: Thanks very much for reviewer' suggestion.
Changes in the text: We have added univariate analysis of factors related to PFS and OS in Tables 3 and 4. (see page 19-20).

4. How do you interpret the results showing that gender is an independent prognostic factor in multivariate analysis of OS?
Reply 4: Thanks very much for reviewer' suggestion. In our cohort, men make up the majority, so the bias may cause by the small number of cases and the imbalance between men and women.
Changes in the text: None.

5. Survival curve figures (Figure1) should include the number at risk.
Reply 5: Thanks very much for reviewer' suggestion.
Changes in the text: We have added risk table underneath KM plot. (see page 16, line 519).

6. LDH and NLR values for each mLIPI group should also be listed in Table 1.
Reply 6: Thanks very much for reviewer' suggestion.

Changes in the text: We have added LDH and NLR values for each mLIPI group in Table 1. (see page 18).

Reviewer B

Nice article, useful for the community.
Suggest to consider the following:
1. Please add risk table underneath KM plot - this is fairly standard way of visualization.
Reply1: Thanks very much for reviewer' suggestion.
Changes in the text: We have added risk table underneath KM plot. (see page 16, line 519).

2. For multivariate analysis of OS and PFS, suggest to add forest plots for cox regression models.
Reply2: Thanks very much for reviewer' suggestion.
Changes in the text: We have added univariate analysis of factors related to PFS and OS in Tables 3 and 4 as advised so we don't add forest plots. (see page 19-20).

3. And a couple of minor comments that you will find in the attached document.
Reply3: Thanks very much for reviewer' suggestion.
Changes in the text:
We have modified our text as advised. Presently, programmed death ligand 1 (PD-L1) expression is well-recognized biomarker that enables doctors to select patients who are more likely to benefit from ICI treatment. (see page 3, line 86).
We have replaced "searching for" by "identification of". (see page 3, line 83).

Overall nice work and look forward to publication.
