

Peer Review File

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Reviewer Comments

It is an elegant manuscript on a very expressive series of primary diffuse large B-cell lymphoma of the small intestine and colon. The authors analyze two very unusual prognostic factors in this type of neoplasia: marital status and medical insurance.

The term "intestinal" should be replaced by "small intestine" in the manuscript's title. On line 191, the first sentence is truncated and needs to be rewritten. What is the rationale for the authors to state that "one important finding in this study was that marital and medical insurance status were closely related to prognosis" (line 216)?

The authors may have statistically reached this conclusion, but the term "closely" has prognostic implications that close these variables with the other consolidated prognostic variables such as tumor staging and response to treatment. The authors probably obtained the significance of these variables by analyzing a large number of them in this series of cases. So, if any other variable the authors expected to be significant, why was it not confirmed? What do the authors propose to confirm the findings of their study? These questions could form part of the Discussion.

Comment 1: The term "intestinal" should be replaced by "small intestine" in the manuscript's title.

Reply 1: Your suggestion is very good, the term "small intestine" is more accurate, and we have made a replacement.

Changes in the text: we have modified our text as advised (see Page 1, line 2\ line 10; Page 2, line 2\ line 13; Page 3, line 17)

Comment 2: On line 191, the first sentence is truncated and needs to be rewritten.

Reply 2: The sentence here dose have a grammatical error, thank you very much for your careful review and we have fixed the sentence.

Changes in the text: we have modified our text as advised (see Page 7, line 7)

Comment 3: What is the rationale for the authors to state that "one important finding in this study was that marital and medical insurance status were closely related to prognosis" (line 216)?

Reply 3: Your question is very insightful, and it is one of the core ideas of our study. In our clinical work, we have found that the support of family members and health insurance coverage usually leads to a better prognosis for patients. This is why we conducted this study.

we used the authoritative SEER database, which is accurate and has a large sample size (1613) and may be able to reflect the actual situation relatively accurately. Then, this

study was analyzed using Kaplan-Meier (K-M) survival curves, the Log-rank test and Cox proportional-hazards analysis, which is widely used for prognostic analysis. Results suggesting statistical differences in prognosis of patients with different health insurance and marital status (Cox proportional-hazards univariate analysis *P. Value* <0.001 and 0.030. see Figure 1-C\I,Table 2).

Moreover, the predictive model efficacy of including health insurance and marital status can reach 82.0%, which is better than the currently used IPI predictive model, suggesting that health insurance and marital status can enhance the level of prognostic prediction, further indicating that they may be associated with patient prognosis.

As one of the core ideas of our study, its correctness was our focus, therefore, our article was validated by both prognostic analysis and model predictive efficacy assessment using a rigorous statistical analysis, and all of these results were statistically different and consistent with clinical reality, fully indicating that marital status and health insurance are associated with patient prognosis.

Changes in the text: N/A

Comment 4: The authors may have statistically reached this conclusion, but the term "closely" has prognostic implications that close these variables with the other consolidated prognostic variables such as tumor staging and response to treatment.

Reply 4: What you said is very reasonable, and after thinking carefully and analyzing the data results, we also think that the term "closely" used here is indeed not very appropriate. Our findings can only demonstrate that marital status and health insurance are associated with patient prognosis and can help to better predict prognosis, but not to a "closely" degree.

Changes in the text: we have removed the term as advised (see Page 11, line 13)

Comment 5: The authors probably obtained the significance of these variables by analyzing a large number of them in this series of cases. So, if any other variable the authors expected to be significant, why was it not confirmed? What do the authors propose to confirm the findings of their study? These questions could form part of the Discussion.

Reply 5: In this study, there were no significant prognostic differences in Sex, Race, and Type of histology. Among them, Race and Sex issues had many confounding factors in the real world, and a more rational design was needed for further research in the follow-up. Regarding histology-related data, SEER database provided only abbreviated data and could not reflect the relationship with prognosis. It is hoped that more histology-related data will be made available to facilitate prognostic studies of lymphoma.

Changes in the text: we have modified our text as advised (see Page 14, line 7-12), and add 2 references (see Page 18, line 23-25 and Page 19, line 1-3),