Peer Review File

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Comment 1: In a randomized controlled trial of postoperative chemotherapy versus postoperative chemoradiation for stage III N2 patients, Shen et al. reported that recurrence-free survival was significantly better in PORT group, and median OS also tended to be better in PORT group. On the other hand, only 2/3 of the patients in this trial were able to complete chemoradiation after surgery (Radiother Oncol. 2014 Jan;110(1):120-5). Please indicate the treatment completion rate for the PORT and non-PORT groups in this study.

Reply 1: Thank you for your comments. Although Shen et al. concluded that recurrence-free survival was significantly improved in the PORT group, this did not translate into longer OS. This is consistent with our conclusion that PORT cannot significantly prolong OS for N2 stage III non-small cell lung cancer. Unfortunately, due to the limitations of SEER database, we cannot further analyze DFS. On the other hand, when we wrote this manuscript, we also wanted to add information about the treatment completion rate for the PORT and non-PORT groups as you mentioned. But the SEER database does not provide the corresponding field information. However, we found several similar published articles based on the SEER database, which also used data related to tumor radiotherapy and chemotherapy[1-5]. Therefore, we believe that the information provided by the chemoradiotherapy field still has a certain use value. We will add our own data on tumor radiotherapy and chemotherapy in subsequent articles, but we cannot provide more information due to the current conditions for the time bing. At the end of the article, we make a statement on the above shortcomings.

Changes in the text: we added some data.(see Page 6, line 246-248)

Comment 2: What is the incidence of adverse events with PORT in this study?

Reply2: Thank you for your comments. It is really true as you suggested that it is essential to consider adverse events related to PORT. We also wanted to add the information about treatment-related side effects when writing this paper, but unfortunately the SEER database does not provide the corresponding field information. We will add our own data on treatment-

related side effects in subsequent articles. However, due to the current conditions, we cannot provide more information. At the end of the article, we make a statement on the above shortcomings.

Changes in the text: we added some data.(see Page 7, line 249-250)

Comment 3: To verify the effectiveness of PORT in preventing thoracic lymph node recurrence, please describe the site of recurrence in the PORT and non-PORT groups.

Reply 3: Thank you for your comments. It can be seen that you are very professional in the field of radiotherapy and chemotherapy for lung cancer. When we wrote this manuscript, we also wanted to add information about the recurrence sites of the two groups as you mentioned. However, the SEER database does not provide relevant information, so it is impossible to analyze. We will add our own data on tumor radiotherapy and chemotherapy in subsequent articles. At the end of the article, we make a statement on the above shortcomings.

Changes in the text: we added some data.(see Page 7, line 251-254)

Comment 4: Please show the reason why the effect of PORT is low in AJCC T1 tumors.

Reply 4: Thank you for your comments. It is really true as you suggested that it is essential to show the reason why PORT plays little role in AJCC T1 non-small cell lung cancer, and we have added specific descriptions to the article.

Changes in the text: we added some data.(see Page 6, line 229-232)

Comment 5: Please explain the difference between PORT1 and PORT2 in Figure.

Reply 5: Thank you for your comments. We are very sorry for our negligence of explain clearly enough about PORT 1 and PORT 2, and we have added specific descriptions to the article.

Changes in the text: we added some data.(see Page 4, line 129-131)

Special thanks to you for your good comments.