Peer Review File

Article information:

Comment 1: The last paragraph in introduction part has many methods information that repeats later.

Reply 1: Thank you for your kind advice. We have selected one of them and simplify it.

Changes in the text: We have modified our text as advised (see Page 3, line 8-18).

Comment 2: Results section, page 5, line 10 has a phrase that fits more into the discussion / conclusion parts.

Reply 2: Thank you for your kind advice. We have changed it into the discussion / conclusion parts.

Changes in the text: We have modified our text as advised (see Page 5, line 10 and Page 8, line 10).

Comment 3: SCC (Synchronous colorectal carcinomas) is sometimes mistyped with SSC.

Reply 3: Thank you for your kind advice. We have corrected all of them.

Changes in the text: We have modified our text as advised (see Page 5, line 23), (see Page 7, line 22) and, (see Page 11, Table2's Title).

Comment 4: In addition, it would benefit from grammatical review by a native English speaker.

Reply 4: We have send it to the English editing company before submitting, if need, we can send it to another English editing company.

Comment 1: Methods of abstract. Please briefly describe the patient sample and variables collected. Just statistical method is inadequate.

Reply 1: Thank you for your kind advice. We added the patient sample and variables collected into it.

Changes in the text: We have modified our text as advised (see Page 1, Methods of abstract).

Comment 2: Abstract. Full name of LASSO should be provided when it first appears. BTW, the title is misleading, I think it can be detailed to "LASSO-based".

Reply 2: Thank you for your kind advice. We have changed title and added the full name of LASSO.

Changes in the text: We have modified our text as advised (see Title and Page 1, Methods of abstract).

Comment 3: Results of abstract. The authors described that LASSO-based method is better, but without any statistics.

Reply 3: Thank you for your kind advice. We have added the statistics of results.

Changes in the text: We have modified our text as advised (see Results of abstract).

Comment 4: Line 10-11, this conclusion is not related to the focus of this study. This is very general.

Reply 4: Thank you for your kind advice. We have changed the conclusion of abstract.

Changes in the text: We have modified our text as advised (see Page 1, conclusion of abstract).

Comment 5: The paper has language problems. For example, line 24, after the first? Line 26, "synchronous colorectal carcinomas" should be SCC. Line 27-29, it is unclear what the authors expressed here. Line 29-30, a very problematic sentence. What is "mutual linear problems", this is very uncommon.

Reply 5: Thank you for your kind advice. We have changed the expression of this sentence.

Changes in the text: We have modified our text as advised.

Comment 6: Based on the introduction, it remains unclear why a survival prediction model is needed.

Reply 6: Thank you for your kind advice. We have improved the introduction.

Changes in the text: We have modified our text as advised (see Page 2 line 38-41).

Comment 7: In general, a prediction model should be easy to use and not too difficult. This is helpful clinical implications.

Reply 7: Thank you for your kind advice. In order to make the prediction model streamlining, we use LASSO-based method.

Comment 8: Did the study has an independent validation sample? This is the guarantee of the external validity.

Reply 8: Thank you for your kind advice. We have made external validity.

Changes in the text: We have modified our text as advised (see figure 4).

Comment 9: For prediction, AUC >0.8 is a very basic prerequisite. Although the LASSO-based model is better, does it satisfy this criteria?

Reply 9: Thank you for your kind advice. Your advice is very constructive. However, we also saw some studies with AUC <0.8 and near 0.8 (10.21037/atm-20-2894). We will search for more suitable variables in further study.