Peer Review File

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Comment 1: I suggest the authors should explain further how they selected cuproptosis-related lncRNAs as a potential prognostic factor in multiple myeloma patients in the introduction section. In this form, it is not clear why they have studied cuproptosis-related lncRNAs in multiple myeloma patients.

Reply 1: Thank you for your suggestion. We have added more details as advised. **Change in the text:** Please see Page 3, line 57, Page 4, line 69, and Page 4, line 72.

Comment 2: Cox proportional hazard model would require the assumption that the variable in the model has respected the hazards proportionality. Is this the case? **Reply 2:** Yes. The variable in the COX model has respected the hazards proportionality. And the effect of each risk factor did not change over time. **Change in the text:** Please see Page 6, line 124.

Comment 3: Variables used for multivariate COX analysis (line 137) should be described in the method section.

Reply 3: Thank you for your suggestion. we have modified our text as advised. **Change in the text:** Please see Page 6, line 109.

Comment 4: For the interpretation of clinical data, clinical factors should be considered along with statistical analysis. In this regard, important clinical information such as the initial treatment regimen, treatment response, and status of stem cell transplantation should be described in the result section and Table 1.

Reply 4: Thank you for your suggestion. The statistical analysis should be considered, but the related data such as the initial treatment regimen, treatment response, and status of stem cell transplantation is lack. We will do the clinical study and collect data in the future to complete the Table 1.

Change in the text: Please see Page 8, line 154.

Comment 5: Did the serum LDH level and high-risk cytogenetics related to overall survival of patients? These factors that have significantly affected prognosis should be included in univariate and multivariate Cox regression analysis (Fig. 5).

Reply 5: Thank you for your suggestion. The serum LDH level and high-risk cytogenetics are related to overall survival of MM patients. But the related data is lack. And they were not included in univariate and multivariate Cox regression analysis. Future studies with a large sample size and comprehensive clinical data will help optimize and refine this predictive model.

Change in the text: Please see Page 8, line 170.

Comment 6: A detailed data description is lacking for nomogram model (Fig. 7). How

the age, gender, stage, risk score, and tumor family history were selected for variables in nomogram should be explained. Also, how the cutoff value of 259 has been chosen should be explained.

Reply 6: Thank you for your suggestion. We have added more details as advised. Besides, the value of 259 is not a cutoff. It is just an example.

Change in the text: Please see Page 9, line 193.

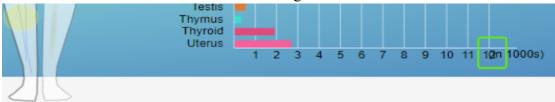
<mark>Reviewer B</mark>

Comment 1: Please unify the "COX" and "Cox" in your text. **Reply 1:** Thank you for your suggestion. We have modified our text as advised. **Change in the text:** Please see Page 2, line 31, Page 6, line 128, Page 7, line 135, line 137, Page 9, line 176, line 179, line 188, line 192, line 195 and Page 12, line 246.

Comment 2: Figures and Tables

A. The citation of Figure 1 is missing in the text. Please check and revise.Reply 2(A): Thank you for your suggestion. We have added more details as advised.Change in the text: Please see Page 5, line 93.

B. The words are too close and not clear in Figure 1 as below. Please revise.



Reply 2(B): Thank you for your suggestion. We have modified Figure 1 as advised. **Change in the text:** Please see Page 20, line 476.

C. All abbreviations in figures/tables and legends should be explained. TCGA, MM, LncRNAs, C-index, ROC, GO and KEGG in Figure 1 for example. Please check all abbreviations and provide the full names in the corresponding legends.

Reply 2(C): Thank you for your suggestion. We have added more details as advised. **Change in the text:** Please see Page 20, line 477 to line 479, Page 23, line 495, Page 25, line 501 and line 504.

D. Please check resubmit the files provided of Figure 4(a), Figure 5(a), Figure 6(a) and 6(c), Figures 8 and 9.

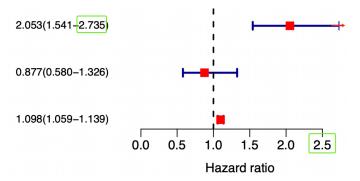
Reply 2(D): Thank you for your suggestion. The files provided of Figure 4(a), Figure 5(a), Figure 6(a) and 6(c), Figures 8 and 9 were resubmitted in the attachment. **Change in the text:** Please see the attachment.

E. Please revise "pvalue" to "p value" and "Hazard ratio" to "Hazard ratio (95% CI)" in Figure 5. Please also check all your other figures for it.

Reply 2(E): Thank you for your suggestion. We have modified Figure 5A and 5B as advised.

Change in the text: Please see Page 22, Figure 5A, 5B, Page 24, Figure 8 and Page 25, Figure 9.

F. Figure 5: To standardize the results, the part that exceeds the horizontal coordinates should be indicated by arrows.



Reply 2(F): Thank you for your suggestion. We have modified Figure 5A and 5B as advised.

Change in the text: Please see Page 22, Figure 5A and 5B

G. A summarized legend for a figure with different parts should be provided, followed by legends for each part. Please provide the summarized legend for Figure 5. **Reply 2(G):** Thank you for your suggestion. We have modified our text as advised. **Change in the text:** Please see Page 22, line 492.

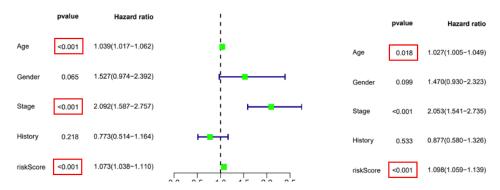
H. Please unify the "risk score" and the "riskScore" in the text and the figures. **Reply 2(H):** Thank you for your suggestion. We have modified Figure 5A and 5B as advised.

Change in the text: Please see Page 22, Figure 5A and 5B.

I. Please recheck the highlighted content in the following sentence since they are inconsistent with Figure 5.

"The univariate COX analysis results showed that the age (HR=1.039, 1.017-1.062, P

< 0.05), stage (HR=2.092, 1.587-2.757, P < 2.757), and risk score (HR=1.073, 1.038-1.110, P < 0.05) of MM patients were correlated with the overall survival of MM patients (Fig. 5a). The multivariate COX analysis results showed that the age (HR=1.027,1.005-1.049, P < 2.735), stage (HR=2.053, 1.541-2.735), and risk score (HR=1.098, 1.059-1.139, P < 0.05) were independently correlated with the overall survival of these patients (Fig. 5b)."



Reply 2(I): Thank you for your suggestion. We have modified our text as advised. **Change in the text:** Please see Page 9, line 192 to line 197.

J. Please change "1 years" to "1 year" in Figure 6B. **Reply 2(J):** Thank you for your suggestion. We have modified Figure 6B as advised. **Change in the text:** Please see Page 23, Figure 6B.

K. Please indicate the meaning of "*" "**" in Figure 7.Reply 2(K): Thank you for your suggestion. "*" "**" are nonsense characters output due to errors, and we have deleted these in Figure 7.

Change in the text: Please see Page 24, Figure 7.

L. The data are too close in Figure 7.

Reply 2(L): Thank you for your suggestion. We have modified Figure 7 as advised. **Change in the text:** Please see Page 24, Figure 7.

M. And it is suggested to add "year/years" for the following data. Reply 2(M): Thank you for your suggestion. We have modified Figure 7 as advised. Change in the text: Please see Page 24, Figure 7.

N. Please check if the ">= 20" should be ">20" in Figure 8. Reply 2(N): Thank you for your suggestion. We have modified Figure 8 as advised. Change in the text: Please see Page 24, Figure 8.

O. Please use uppercase letter to number (and cite) the subparts of a figure, such as Figure 4A.

Reply 2(O): Thank you for your suggestion. We have modified our text as advised. **Change in the text:** Please see Page 9, line 185, line 195, Page 10, line 198, line 201, line 203, line 206, Page 22, line 489-490, line 492, and Page 23, line 494-465.

P. Please add unit for Age in Table 1.

Reply 2(P): Thank you for your suggestion. We have modified our text as advised. **Change in the text:** Please see Page 19, Table 1.