

Peer Review File

Article Information: Available at <http://dx.doi.org/10.21037/tlcr-20-1191>

Reviewer A

Comment 1: P2 L49-50: Pleurodesis is not a singular standard of care for the management of MPE as IPC insertion remains at least an equally viable option. It would be fair to say that a pleural space intervention is the standard management, but I would not imply that pleurodesis alone is.

Reply 1: We really appreciate that you give us such a suggestion. We have made a change marked in red in the revised manuscript.

Changes in the text: Page 3, Line 58.

Comment 2: P2 L53-54: The sentence beginning with “MPE is demonstrated” is awkwardly worded. Recommend rephrasing.

Reply 2: According to your suggestion, we have rephrased the sentence in the WORD file of the Revised version of manuscript.

Changes in the text: Page 3, Line 61-63.

Comment 3: P3 L87: In the Methods section, the authors state that receipt of first-line therapy for NSCLC was an inclusion criterion for their study. However, at the same time they state later in the manuscript that 38.4% of subjects were those with relapsed or progressed disease. Were these 38.4% nevertheless receiving first line therapy. The authors should clarify this apparent ambiguity with regard to P4 L113-114

Reply 3: We feel so sorry for not expressing it clearly. Receipt of first-line therapy in the inclusion criterion means that NSCLC patients receive active therapy **after first episode of MPE**. It refers to that all patients will receive active therapy when MPE appears. While 38.4% of subjects were patients who were first diagnosed with lung cancer but not accompanying with MPE. These patients received first line therapy but the disease progressed as MPE appears. So we included these patients as relapsed or

progressed cases and they also received active therapy. We have rephrased the sentences marked in red in the revised manuscript.

Changes in the text: Page 5, Line 102,103 and Page 6, Line130,131.

Comment 4: The authors reproduce Figures from the studies that generated the LENT and PROMISE scores. I have a problem with this on multiple levels. It's rather unusual for an original study as opposed to a review article to reproduce figures from other studies and attempt to weave them into their own study. Additionally, there is no statement acknowledging permission to reproduce these figures that are certainly copyrighted by the respective publishing journals. This needs to be carefully evaluated and reconsidered if this manuscript is to move forward towards publication.

Reply 4: Thank you for your question. We drew the figures (Figure 1) using our own data from Nanjing Jinling Hospital to test the efficiency of the LENT and PROMISE scores. So we did not use the data from the LENT and PROMISE studies. Thank you very much for your question.

Comment 5: In fact, I do not see legends provided for any of the Figures included in this manuscript, whether original ones or ones reproduced from other sources.

Reply 5: We feel so sorry to put the legends in remarks of the PPT and we have added the legends after the references in the manuscript.

Changes in the text: Page 17, Line 364-373 and Page 18, Line 374-383.

Comment 6: P4 L124: Authors should clarify what they mean by stage as all MPE cases are stage IV. Do they mean stage IVA vs. IVB vs. IVC?

Reply 6: We really appreciate that you give us this suggestion. We classified MPE cases to stage IVA and IVB according to the 8th TNM edition and clarified it in the discussion part (marked in red) and table 3.

Changes in the text: Page 10, Line 211-214 and Table 3.

Comment 7: The Discussion starts off in an unusual fashion with an immediate

critique of the LENT and PROMISE scores. While comments about LENT and PROMISE probably relevant at some later point in the Discussion section, the section should begin with general thoughts on the results of this particular study: what were the most salient results, what is their significance, etc and then place them in the context of existing literature.

Reply 7: We really appreciate that you give us this suggestion. We have revised the first paragraph of Discussion which was marked in red in the manuscript.

Changes in the text: Page 8, Line 171-176 and Page 9, Line 177-185.

Reviewer B

Comment 1: Lines 49-51 the authors state "The standard management for symptomatic MPE is pleurodesis to relieve discomfort and reduce the recurrence of pleural fluid."

-Should other interventions for the management of recurrent, symptomatic MPE be mentioned here, specifically indwelling pleural catheter (IPC) placement? IPCs are being used with increasing frequency and there are several studies reporting the patient symptoms and outcomes of IPCs when compared to pleurodesis procedures.

Reply 1: We really appreciate that you give us such a suggestion. We have made a change marked in red in the revised manuscript.

Changes in the text: Page 3, Line 58.

Comment 2: Lines 54-55 the authors write "The overall survival of NSCLC patients is approximately 5.5 months, shorter than mesothelioma."

-Is this statistic pertaining to all patients with NSCLC, patients with metastatic disease or patients with specific disease stages? This should be clarified if it does not include patients with all stages of NSCLC.

Reply 2: Thanks for your valuable suggestions. The survival of 5.5 months applies to NSCLC patients with malignant pleural effusion and we have clarified it in the revised manuscript.

Changes in the text: Page 3, Line 63,64.

Comment 3: Lines 66-67 the authors state "Lung cancer is the leading cause of cancer-related death with an estimated mortality of 631 thousand in China alone."

-What is the time frame for this number? Is it yearly? This should be specified.

Reply 3: Thank you for your valuable suggestion. It refers to annual mortality and it has been explained in the revised manuscript.

Changes in the text: Page 4, Line 77-78.

Comment 4: Line 92 the authors state "Incomplete data were excluded from the study."

-Were patients without complete data sets excluded or just the information that was unavailable?

Reply 4: We feel so sorry for not clarifying it clearly. Patients without complete data were excluded from the study. We have made a change marked in red in the revised manuscript.

Changes in the text: Page 5, Line 107-108.

Comment 5: Lines 166-167 the authors state "We found relapse was a strong predictive variable for poor survival as relapse meant patients might receive previous treatment."

- Should this be "...meant patients may have received previous treatment" or "meant patients may receive second line treatment" or other? Please clarify.

Reply 5: We really appreciate that you give us such a suggestion. It meant disease still progressed after receiving previous treatment and patients needed receiving second line treatment. We have clarified it in the revised manuscript.

Changes in the text: Page 9, Line 187-189.

Comment 6: Lines 193-194 the authors state "Previous research also indicated that distant metastasis was an independent risk factor for NSCLC patients with MPE."

-Can you clarify this sentence? "...independent risk factor for ____ NSCLC patients

with MPE." Is it survival or other outcome?

Reply 6: We feel sorry for not explaining it clearly. It refers to survival and we have made a change marked in red in the revised manuscript.

Changes in the text: Page 10, Line 214-216.