

listed.

Reply 3: Thank you very much for your suggestions. I am very sorry for the mistake: it should be “screening period between 2004 and 2015”. T and N stages were based on the 6th staging edition.

Table S1: Histology code and tumor location code	
Location	
Upper	C34.1-Upper lobe, lung
Middle	C34.2-Middle lobe, lung
Lower	C34.3-Lower lobe, lung
other	C34.0-Main bronchus ; C34.8-Overlapping lesion of lung ; C34.9-Lung, NOS
Histology	
Squamous carcinoma	8052, 8070 to 8073, and 8083 to 8084
Adenocarcinoma	8140, 8230, 8254 to 8255, 8260, 8310, 8333, 8470, 8480, 8481, 8490 8550, 8250, 8252, 8251 and 8253
Others	

Changes in the text: pathologically confirmed primary NSCLC between January 2004 and December 2015;(see Page 6, line 99); Histology and tumor location codes were listed in table S1.(see Page 6, line 109-110)

A standardized data form was created to obtain all relevant data, including age, sex, tumor size,

Characteristic	Hazard Ratio	95% CI	P
Radiation			< 0.001
Radiation before surgery	1(reference)		
Radiation after surgery	1.175	1.089 to 1.268	< 0.001
No radiation	0.745	0.64 to 0.799	< 0.001
others	1.337	1.124 to 1.591	0.001

Training cohort		
(n=16661)		
Characteristic	No.	%
Radiation		
Radiation before surgery	1553	9.3
Radiation after surgery	3808	22.9
No radiation	11071	66.4
others	229	1.4

Changes in the text: table1 and table2.

Radiation was not included in nomogram as prognostic factor because it is not recommended as standard for resected NSCLC according to the NCCN guidelines. Secondly, we can no obtain

as hospital-based rather than population-based.

Reply 8: Thank you very much for your suggestions. we have modified our text as advised.

Changes in the text: The National Cancer Data Base (NCDB) is a joint project of the Commission on Cancer (CoC) of the American College of Surgeons and the American Cancer Society. The CoC's NCDB and the hospitals participating in the CoC NCDB are the sources of the de-identified data used herein; they have not verified and are not responsible for the statistical validity of the data analysis or the conclusions derived by the authors. The data is considered as hospital-based rather than population-based. (see Page 7, line 122-126)

9. Table 1; no p-values listed. It seems there are a lot of variables with significant differences. For instance, Age 70+ are 27%, 18%, 32% in SEER, China, and NCDB, respectively. T and N are not constantly based on staging editions as stated above.

Reply 9: Thank you very much for your suggestions. The chi-square test was used to evaluate the statistical significance of differences in the proportions of variables for the three cohorts. T and N stages were based on the 6th staging edition.

Changes in the text: The TNM staging system was characterized according to the sixth edition of the American Joint Committee on Cancer. (see Page 6, line 108-110) The chi-square test was used to evaluate the statistical significance of differences in the proportions of variables for the three cohorts. (see Page 7, line 124-126)

Table 1.

10. Figure 2; hard to read. Maybe the letters and lines need to be bigger/thicker.

Reply 10: Thank you very much for your suggestions. Figure1 has been bolded.

Changes in the text: