

Peer Review File

Article information: <https://dx.doi.org/10.21037/tlcr-24-338>

Reviewer A

Comment 1: Thank you for your interesting paper.

With solid statistics, you provide a tool for early detection of extrathoracic metastasis in a subchoort of lung cancer patients.

In my opinion, though, should be pointed out that the use of this nomogram must be addressed to the situations in which the real access to diagnostic technologies is difficult such as developing countries and must not replace the the good clinical practice of whole-body examination in the suspicion of lung cancer. Nor must not be used in the health system private/public debate, i.e. in countries where the access to technology is granted, the nomogram is used for patients whom insurance does not cover the expenses.

We as physicians, have a duty to ensure the same care regardless the economic status.

The ethical implication of this kind of model should be, in my opinion, addressed in the commentary section.

Reply 1: Thank you very much for your positive comment. You are right, the application of this nomogram should be considered regarding specific situation. The ethical implication of this model is also very important. We have added comments in our manuscript. Thank you very much.

Change 1: Thank you very much. We have modified our text as advised (see Page 15, line 256-259).

Reviewer B

Comment 1: This manuscript covers an interesting aspect of the frequency of EM in Lung cancer.

Some suggestions are:

How many NSCLC and SCLC were included? Did results vary between theses two types? Also a score system (quantative risc factor) would be attractive but is not essential for publication.

Reply 1: A total of 303 patients were diagnosed with SCLC, and 19,754 patients were diagnosed with NSCLC. In this model, we only included baseline demographic information and image information without histological subtype. We all know that, the patients with a strong clinical suspicion of stage IA lung cancer do not require a biopsy before surgery according to the NCCN guidelines, so it might be difficult to get the differentiation grade and histological subtype information for those patients. Thus, this model could help physicians to predict the risk of extrathoracic metastasis before treatment even without the biopsy. Your concern is right, the different subtype might show different metastasis characteristics. We have added this point in our manuscript. We are trying to build a score system in further work. Thank you very much.

Change 1: Thank you very much. We have modified our text as advised (see Page 13, line 216-

218).

Comment 2: Please specify: General screening (e.g. PET/CT) is always recommended and should, whenever possible, be performed. The results are to preliminary to exclude single cohorts from screening.

Reply 2: Thank you very much for your comment. The PET/CT has advantages for screening possible metastasis of whole body. The application of this nomogram must not replace the standard practice of whole-body examination (such as PET/CT) in the suspicion of lung cancer. We have added further discussion according to your comments. Thank you very much.

Change 2: Thank you very much. We have modified our text as advised (see Page 15, line 256-259).