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**ARTICLE DETAILS**

<table>
<thead>
<tr>
<th>TITLE (PROVISIONAL)</th>
<th>Outcomes and Prognosis of Non-Small cell lung cancer patients who underwent curable surgery: a protocol for a real-world, retrospective, population-based and nationwide Chinese National Lung Cancer Cohort (CNLCC) study</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTHORS</td>
<td>Wang, Xin; Liang, Yi cheng; Wang, Yuanzhuo; Meng, XiangZhi; Zhou, Boxuan; Xu, Zhenyi; Wang, Hui; Yang, Wenjing; Li, Ning; Gao, Yushun; He, Jie</td>
</tr>
</tbody>
</table>

**VERSION 1 – REVIEW**

| REVIEWER             | Yang, Chunlu  
The First Affiliated Hospital of China Medical University, Department of Thoracic Surgery |
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<tr>
<td>REVIEW RETURNED</td>
<td>01-Dec-2022</td>
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</table>

**GENERAL COMMENTS**

In the manuscript entitled "Outcomes and Prognosis of Non-Small cell lung cancer patients who underwent curable surgery: a protocol for a real-world, retrospective, population-based and nationwide Chinese National Lung Cancer Cohort (CNLCC) study", Wang et al. conducts a nationwide multicenter study to explore factors that could influence the outcomes of patients with IA-IIIA NSCLC who underwent curable surgery in real-world scenarios. They included early-stage and locally advanced NSCLC patients who underwent curable surgery from 30 medical centers on the Chinese mainland between January 2013 and December 2020, then used natural language processing and artificial intelligence technology to extract data from electronic medical records, which they intend to build into an online database with open access. This work fills the gap of the national lung cancer specific-disease database in mainland China, which is of milestone significance. In my opinion, this article can be accepted after fixing the following omissions:

1. Some grammatical and spelling mistakes need to be corrected.
2. The method for generating Figure 2 needs to be described.
3. I wonder if there are similar studies in other countries that can be used as cross-reference? This should be discussed in the discussion section.
4. How to bring lung cancer clinical information with the outcome data from the China centres for disease control and prevention (CDC) together? And the match rates between the two datasets?
5. In «Data collection and document» section, in this sentence, ‘In addition, the study retrieves the survival status and routine mortality of patients from the China centres for disease control and prevention (CDC), which studies the underlying cause of death for all Chinese people.’ the authors should add the new references.

In conclusion, the manuscript is interesting in the field and worthy of publication in BMJ open with minor revision.
REVIEWER | Chouaïd, Christos  
| Centre Hospitalier Intercommunal de Creteil  
REVIEW RETURNED | 18-Dec-2022  
GENERAL COMMENTS | no comment, nice protocol  

REVIEWER | Schlachtenberger, Georg  
| University Hospital Cologne, Department of cardiothoracic surgery  
REVIEW RETURNED | 21-Feb-2023  
GENERAL COMMENTS | I had the privilege of reviewing the manuscript of wang et al. Unfortunately, I can't entirely agree with this "planning article" publication in the BMJ.

This is due to several reasons: I am always impressed by the gigantic cohorts that can be generated in Chinese studies. However, parts of the explorative outcomes are secondary for a European journal. Here, in particular: "To identify the national and regional trends of the comprehensive demographic data in 129 Chinese NSCLC patients over the years."

Wouldn't publishing this study in a paper-based in China makes more sense? 

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1  
Dr. Chunlu Yang, The First Affiliated Hospital of China Medical University  
Comments to the Author:

In the manuscript entitled "Outcomes and Prognosis of Non-Small cell lung cancer patients who underwent curable surgery: a protocol for a real-world, retrospective, population-based and nationwide Chinese National Lung Cancer Cohort (CNLCC) study", Wang et al. conducts a nationwide multicenter study to explore factors that could influence the outcomes of patients with IA-IIIA NSCLC who underwent curable surgery in real-world scenarios. They included early-stage and locally advanced NSCLC patients who underwent curable surgery from 30 medical centers on the Chinese mainland between January 2013 and December 2020, then used natural language processing and artificial intelligence technology to extract data from electronic medical records, which they intend to build into an online database with open assess. This work fills the gap of the national lung cancer specific-disease database in mainland China, which is of milestone significance. In my opinion, this article can be accepted after fixing the following omissions:

Response: We thank the Reviewer for his/her very positive comments on our study. We are happy to address the issues the Reviewer raised.

1. Some grammatical and spelling mistakes need to be corrected.
   Response: We apologized for these mistakes. We reviewed the manuscript and rectified the grammatical and spelling mistakes.

2. The method for generating Figure 2 needs to be described.
   Response: Thank you for your reminding. We have added the method for generating Figure 1 and 2 in manuscript:
1) Figure 1 is jointly drawn by package “ggplot2”, “plyr”, “maptools”, “sp”, “cairo”, “RColorBrewer”, “openxlsx” and “rgdal” of R program (version 4.2.2).
2) The detail of the data cleansing is shown in Figure 2, which was generated by Adobe Illustrator software.
3. I wonder if there are similar studies in other countries that can be used as cross-reference? This should be discussed in the discussion section.
Response:: Thanks for your suggestion, it is very important. We have discussed some similar studies in discussion section in revised version:
Currently, there are some population-based nationwide multi-center lung cancer databases in other countries. For example, The Society of Thoracic Surgeons General Thoracic Surgery Database (STS GTSD) is the largest and most robust thoracic surgical database in the world. Since its inception in 2002, the GTSD has provided multiple mechanisms for high-quality clinical research using data from 274 participating sites and 781,000 procedures 23. Similarly, the lung cancer database project established in 1999 at the National Cancer Center Hospital East, Japan also constructed a large-scale cancer registry for lung cancer and integrated data on various factors 24.

4. How to bring lung cancer clinical information with the outcome data from the China centres for disease control and prevention (CDC) together? And the match rates between the two datasets?
Response:: Thank you for your question, which makes me very impressed with your professionalism. Previously, NCC and CDC established a cooperation framework, namely National Cancer Data Linkage (NCDL) Platform of China, which was described in the previous study [doi: 10.46234/ccdcw2022.068]. In short, we developed two methods of data linking: deterministic linking using individual participant ID, and probabilistic linking using identifiable information in the absence of patient ID information. Then, we developed a unique web server access portal controlled by a firewall, which needs to be maintained and monitored in a timely manner to ensure that there are no network security vulnerabilities. Using the NCDL platform, the data matching rate of lung cancer patients reached 50.0% [doi: 10.46234/ccdcw2022.068]. We have added this to the manuscript.

5. In «Data collection and document» section, in this sentence, ‘In addition, the study retrieves the survival status and routine mortality of patients from the China centres for disease control and prevention (CDC), which studies the underlying cause of death for all Chinese people.’ the authors should add the new references.
Response:: Thank you for your reminding, and we have added in line XXX.

Reviewer: 2
Prof. Christos Chouaïd, Centre Hospitalier Intercommunal de Creteil
Comments to the Author:
no comment, nice protocol
Response: We appreciate the Reviewer for his/her very positive comments on our study.

Reviewer: 3
Dr. Georg Schlachtenberger, University Hospital Cologne
Comments to the Author:
I had the privilege of reviewing the manuscript of wang et al.

Unfortunately, I can't entirely agree with this "planning article" publication in the BMJ.

This is due to several reasons:
I am always impressed by the gigantic cohorts that can be generated in Chinese studies. However, parts of the explorative outcomes are secondary for a European journal. Here, in particular: “To identify the national and regional trends of the comprehensive demographic data in Chinese NSCLC patients over the years.”
Wouldn't publishing this study in a paper-based in China makes more sense?  
Response: Thank you for your recognition and questions. First of all, BMJ open is an internationally recognized high-quality academic journal with high influence and popularity. If our protocol can be published on BMJ open, we can gain wider academic recognition and citation. At the same time, international journals pay more attention to academic quality, innovation and originality. Compared with Chinese domestic journals, they can better demonstrate the research ability and academic level of Chinese scholars. Secondly, BMJ open enables our protocol to be known by more scholars, who are engaged in related fields of research. These scholars may read papers published in international journals and may cite our protocols as references in their own research. At the same time, BMJ open can provide more academic resources, such as high-level peer review, editing and proofreading services, guidance and support for English writing, and translation and dissemination of articles. These resources can help us better present our research programs and promote academic exchange and collaboration. To sum up, submitting papers to BMJ open can better display our protocol, gain more international academic recognition and citations, and obtain more academic resources and support.

**VERSION 2 – REVIEW**

<table>
<thead>
<tr>
<th>REVIEWER</th>
<th>Yang, Chunlu</th>
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<tr>
<td></td>
<td>The First Affiliated Hospital of China Medical University, Department of Thoracic Surgery</td>
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<tr>
<td>REVIEW RETURNED</td>
<td>30-Apr-2023</td>
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<tr>
<td>GENERAL COMMENTS</td>
<td>The authors have now addressed all my concerns and in my opinion the manuscript is ready for publication.</td>
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</table>