Reviewer #1:

No substantial definite conclusion can be drawn. The authors should highlight the interpretation of the trends observed and how it will be useful for the future patients.

Response: Thanks for your review and comments. In this study, we successfully constructed a predictive model of NSCLC patients with liver metastasis based on a large population cohort, and our nomogram had good performance for predicting the cancer-specific survival of NSCLC patients with liver metastasis, which may serve as a reference for clinicians to identify cancer patients with a high risk of death for providing individualized therapy.

We also discussed the independent risk factors affecting the survival of NSCLC patients with liver metastasis in detail (Paragraphs 2-4 in the Discussion section).

We supplemented the instructions on how to use this nomogram in patients according to your kind suggestion.

"For each predictor, a vertical line is drawn downward to determine the nomogram points, and the points are added together to obtain the patient's total nomogram points. A vertical line is drawn from the location of the total point axis down to the survival axes. The number on this line indicates the predicted 3-, 6- and 12-month CSS. For example, a 65-year-old (score of 20), married (score of 0), black woman (score of 31.7) had squamous-cell lung carcinoma (score of 12.9). The tumor size was 2 cm (T1 stage, score of 0) but had metastasized to the liver (score of 0). She received chemotherapy (score of 0). The total nomogram score of this patient was 64.6, and a line was drawn down to the survival axes to determine the 3-month (78%), 6-month (64%), and 12-month (48%) CSS probabilities."

Reviewer #2:

Specific Comments to Authors: The authors present an excellent manuscript, well

design and performed, and nicelly written. It is based on a well contrasted data base. The results obtained provide data meaningful and informative for clinical decision-making.

Response: Thank you for your praise for our manuscript. We are honored that you reviewed our article.

Only minor questions should be corrected: Material and Methods Section - As the study is based on SEER data, please state in the text that it covers US population.

Response: Thanks for your well-meaning suggestion. We had stated this in the manuscript (Paragraph 1 in the Materials and Methods section).

Authors mentioned that "Based on the inclusion and exclusion criteria, a total of 4475 eligible patients were included in this study". But those inclusion and exclusion criteria are not detailed in the text. Please, explain those criteria.

Response: Thank you for your constructive advice. We added the selection criterion to the manuscript.

Authors mention that "Patients with incomplete data regarding distant metastatic sites or survival were excluded". This an exclusion criteria and should appear in the inclusion/exclusion criteria list.

Response: Thank you. We moved "Patients with incomplete data regarding distant metastatic sites or survival were excluded" to the selection criteria according to your kind suggestion.

Statistical analysis. Authors mention, "All cases were randomly divided into a training cohort and a validation cohort (7:3 ratio". But the criteria followed to select both cohorts is not explained.

Response: Thank you. The training cohort was used to construct the nomogram model, and the validation cohort was used to test the model.