

Answers to reviewer questions

The authors express their sincere gratitude to the editors and the reviewer for the objective assessment of the submitted manuscript and fair comments, according to which the following changes were made to the manuscript: .

I. As the patients were staged from Ib to IIIa, the detailed data about TNM staging should be presented in the table. The TNM staging could not be replaced by T stage nor N stage. Was there any relationship between the pathological characteristics and TNM staging? It is obvious that recurrence of LC is correlated with TNM staging and thoroughness of surgery. so, the TNM staging and type of resection should be described in details.

In our study, only one patient had stage Ib (we are ready to provide primary data of patients included in the study in the format of a Statistica10 table or an Excel table).

All other patients included in the present study had stage IIb or IIIa. The absence of patients with stages Ib-IIa in our study is explained by the fact that in our oncology center, during the observation period from May 2009 to December 2018, only patients with stages IIb and IIIa of squamous cell lung cancer received adjuvant chemotherapy. Patients with stages Ib-IIa received adjuvant radiotherapy for local control. Adjuvant chemotherapy for a patient with stage Ib included in the study was prescribed due to his young age (45 years) and low tumor grade (G3).

Taking into account the reviewer's comment, it was decided to exclude the patient with stage Ib squamous cell carcinoma from the analysis.

According to this:

1. A small correction has been made to the title of the manuscript
2. A new statistical analysis was performed taking into account changes in the number of patients.
3. Added information about the stage of the patients' disease.
4. Considering that only patients with stages IIb–IIIa were included in the study, there were no significant differences between these groups in clinicopathological characteristics and long-term treatment results.

II. As the patients were LSCC, a great number of them suffered from central location cancer. This indicated something to thoracic surgeons that sleeve lobectomy were needed frequently. And we were told that only 24 patients aged under 60 and 46 patients aged above 60. However, pneumonectomy was performed in 40 patients. That surgical method was risky for those older patients. One more thing should be concerned is that a lobectomy without sleeve resection for central lung cancer is a risk of positive margin of bronchus. Did Video assisted thoracic surgery involve in these patients?

We did not provide detailed information on the type of surgery performed, since only radically operated patients (R0) were included in the study. In this case, the risk of disease recurrence does not differ between patients who underwent a lobectomy and a sleeve lobectomy. Sleeve lobectomy expands the indications for surgical treatment of patients and reduces the risks of early postoperative complications in patients with severe concomitant pathology, but does not affect long-term treatment results.

1. Taking into account the reviewer's comment, we included in the manuscript information about the number of sleeve lobectomies performed (9 cases, of which 6 patients were over 70 years of age).
2. The decision on the possibility of performing pneumonectomy was made taking into account the general therapeutic status of the patient after a preliminary examination by specialists and an anesthesiologist.
3. In the period from May 2009 to December 2018, video-assisted thoracic surgery was not used in our oncology center due to the lack of special equipment (endoscopic stands). This type of surgery began to be actively implemented in the thoracic surgical department of our oncology center only in 2021.

III. The chemotherapy should be written in details.

We described in more detail the adjuvant chemotherapy regimen that was used in patients included in the study.

IV. In the section of introduction, LSCC should be used to replace LC When lung squamous cell carcinoma enters the topic.

In the introduction, we discuss common problems specific to non-small cell lung cancer. Due to a reviewer's comment, we have replaced LC with NSCLC. Squamous cell lung cancer is discussed in detail in the Discussion chapter.