

### **Cover letter for reviewer's comments**

Dear reviewer and editor,

It is a great honor to receive your reply. On behalf of my co-authors, we would like to express our appreciation for giving us an opportunity to revise our manuscript. With the help of detailed suggestions, we carefully revised the manuscript of titled "A nomogram for predicting overall survival in Chinese triple-negative breast cancer patients after surgery" (NO.: 71501) and resubmitted it to the mail attachment. The main corrections in the paper and the respond to the reviewer's comments are as follows:

Respond to the reviewer's comments:

**1. Misprint in Abstract, in text, and in table S1: "Literality". The term "Laterality" is also unfortunate. Better to use, for example, "tumor localization" or cancer side.**

**Reply:** Thanks for your reminding. The "Literality" was modified to "tumor localization".

**2. There is a misprint in the sentence: "Ovcaricek et al. [14] showed that age and notal (nodal?) status were prognostic factors in such patients, ..."**

**Reply:** Thanks for your reminding. The misprint "notal" in the above sentence was modified to "nodal".

**3. Materials and methods: The data in the section do not coincide with the data shown in Figure 1.**

**Reply:** Thanks for your reminding. The data shown in Figure 1 was corrected according to the part of "Study design and patient selection".

**4. In particular, the data on the exclusion of patients who were followed up for less than 1 month. What was the reason for the termination of observation? Why exactly 1 month? Were there any patients who did not die of breast cancer or had cancers from other sites? Comparative data on the ratio of patients in these groups are**

**not provided. In particular, did the stages of the disease and grade differ in patients of different age groups, different marital status, and tumor localization?**

**Reply:** Thanks for your reminding. According to NCCN guidelines, it is recommended to follow up for more than 1 month after breast cancer surgery.

**5. Data on the nature of the surgical intervention (mastectomy, lumpectomy) are not provided. There are no data on the presence of neoadjuvant therapy in patient groups.**

**Reply:** Thanks for your reminding. There is a lot of missing data on breast surgery methods in the Seer database, so it is not provided. We mainly build predictive models after surgery, so we do not include data on neoadjuvant patients.

**6. It is not clear why the median follow-up time was 39 months if the study included patients who received treatment in 2010-2015. The extremely low 3- and 5-year survival rate of TNBC patients is embarrassing. It does not correspond in any way to Figure 5A. Judging by it, it was about 80% and 75%, respectively.**

**Reply:** Thanks for your reminding. 39 months is calculated based on the data of Chinese triple-negative breast cancer in the Seer database.

**7. As follows from the same figure, some of the patients were followed up for much shorter periods of time (this is incomprehensible if you included patients who received treatment from 2010 to 2015). Are you sure that in this case you presented exactly the 3 and 5-year survival rates of patients, and not the% of patients who were followed up for 5 years?**

**Reply:** Thanks for your reminding. Yes, I am sure that in this case you presented exactly the 3 and 5-year survival rates of patients.

**8. In the univariable Cox regression analyzes, age was no associated with OS ( $p = 0.056$ ). It is not entirely clear why Table S1**

**gives the significance level (p) for each T and H classifier.**

**Reply:** Thanks for your reminding. There were no difference in p values in Univariate analysis, so it was not included in multivariate analysis.

**9. In table S1, authors give a subheading, but do not indicate n (%).**

**Reply:** Thank you for your nice comments on our article. We have supplied the indicate n (%) in each item in table S1.