227648	Minor language polishing would be good.
70411	1. In this manuscript, the author showed that there was a significant improvement in CVM since 1990 (2005-2012 vs. 1990-1994, adjusted HR 0.63 [0.54-0.72], p<0.001). --The author should report the results (2005-2012 vs. 1995-1999, 2000-2004 and overall). **Thank you. This was added to the results section.** 2. Discussion-- This manuscript is lack of deep discussion for the current results. A more detailed discussion of the results compared with the literature could be added. **The discussion has been revised and relevant references have been added.** 3. Figure 2-- the numbers of patient at risk? **These were added to all KM figures.** 4. Page 5--even after multiple adjustments (p<0.001, figure 1？).--figure 2 . **This was fixed** 5. Last page--table title? **This was added**
1408945	1. In the results section, authors described that figure 1 shows cumulative CVM varied by cancer type. However, is it figure 2? **This is fixed**
225357	1. There is a clear increase of all major cancers over time. This should be discussed. **Thank you. If you mean that there is increase in the numbers of cancers overtime, this is due to inclusion of more cancer centers overtime and not true increase in the incidence.** 2. Cardiovascular mortality seems to be higher in patients with more extensive forms of cancer or the inoperable ones. Please discuss. **This was added** 3. It is well established that cardiovascular mortality is mostly related with cancer treatment, chemotherapy, radiotherapy or both. Authors acknowledge this major limitation of the study; however, the information on radiation (yes/no) is available. It would be useful to have it in the prediction model. **Thank you. This is indeed included in the model shown in table 2** 4. The KM survival curves should have a 0-100 scale. **This was fixed** 5. The risk is significantly reduced over time. This may be hypothetically due to the improvement of cancer therapies with a more careful attention to cardiotoxic drugs and preventive strategies. Please comment. **This was added to the discussion** 6. In line with the previous comment it would be important to know how many of these patients were on cardioactive drugs. **Unfortunately, SEER does not have data on chemotherapy. This has been acknowledged as a limitation** 7. The discussion does not address the clinical implications to the present results. Cardio-oncology is a new discipline in clinical cardiology and the comprehensive assessment of benefits and risks of an individual therapy should be weighed. **This was added.** 8. Cancer survivors have several cardiology conditions related to cancer therapy. There is a large body of evidence in this filed that it is worth discussing. **This was added to the discusssion**
259340	i would only pose one issue. I think it would be rather visual to present a

	new figure, like fig 2 (CVM free survival graph) with 2 separate graphs ie depicting the first period (1990-1994) and the last one (2005-2012)mortality curves. In addition, it would be nice to include, in all KM graphs the numbers at risk every period. **This was added as a supplementary figure.**