RESPONSE TO REVIEWERS' COMMENTS

The authors would like to thank the reviewers for the valuable comments. The manuscript has been revised according to your suggestions. Several specific questions are answered as follows.

To Referee 1
1. Was the proportionality of hazards assumption tested prior to conducting Cox analyses? If yes, the details of the assumption testing need to be included. If not, why?
We tested the proportional hazard assumption of each variable via extended Cox regression model with time-dependent covariate and log-minus-log plot (page 7, line 18-20). The p value of time-dependent covariates of age, gender, performance status, stage 4 disease, BMI less than 25 kg/m2, anemia, leukocytosis, thrombocytosis and hypoalbuminemia were 0.267, 0.236, 0.264, 0.758, 0.069, 0.345, 0.116, 0.098 and 0.791, respectively. No evidence of violating the proportional hazard assumption was found.

2. Was any assessment of multicollinearity made prior to conducting multivariate? This is usually done using collinearity diagnostics.
We performed the multicollinearity diagnostics (page 7, line 20). The value of tolerance were between 0.74 to 0.89, and the value of variance inflation factor (VIF) were between 1.12 to 1.36. No evidence of significant multicollinearity was found.

3. What statistical package/software was used to conduct the analysis? This needs to be included under the section on statistical analysis.
We used SPSS 18.0 software to conduct the analysis. The statistical software
was stated in the last paragraph of Methods section (page 7, line 23).

4. What are the clinical implications, if any, of your work?
Lung cancer in young adult was rare and unfamiliar to most clinical physicians. Previous studies showed limited and heterogeneous results in clinical presentations and outcomes. Our study showed that young patients characterized with extremely high incidence of adenocarcinoma and higher female percentage. Although the case number is relatively small, our study also demonstrated the EGFR mutation status in young patients. These findings provided useful information for treatment strategies in this special patient population.

5. I think you need to state clearly in a few sentences in either the introduction or the discussion section of your paper as to what is it that is really unique about your study. What existing gap in the literature does your study seek to fill and did you accomplish that objective? The authors do mention it in a fragmented way throughout the manuscript, but this needs to be presented to the reader in a more convincing and coherent way. In other words, to put it more bluntly, given the severe limitations of retrospective design and small sample size, why should this study be published?

We had made some revisions in the first paragraph of Discussion section and described the unique findings in our study (page 12). Briefly, our study showed the clinical presentations, EGFR mutation status and prognostic factors in the young NSCLC patient population, which was different from the older patient population. EGFR mutation status and prognostic factors in young patients were seldom investigated in previous literatures. These findings promote further comprehension of lung cancer patients with young age, who was rare but with a trend of increasing.

To Referee 2
The number of cases seems to be a little bit small.

1. Yes. We agreed that the case number was relative small in the study. Further prospective, multi-center studies are needed to confirm these findings.