Reviewer’s report

Title: Smoking and timing of cessation on postoperative pulmonary complications after curative-intent lung cancer surgery

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Reviewer: N Sawabata

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Authors assessed the clinical implication of smoking status to predicting postoperative pulmonary complication (PPC) and long time survival resulting in that in the ex-smokers there was a trend for a lower frequency of PPC and intensive care unit (ITU) admission but there was no difference between the <6 weeks or ≥6 weeks ex-smoking groups prior to surgery and there were no significant differences in long-term survival found between the groups of differing smoking status.

The results are very interesting but there is room of improving in this article. The main point is what is primary end-point? Since the present study is prospective, one primary end-point should be selected. I consider the primary end point is "occurrence of PPC" and the secondary "long time survival", the context of which should be cleared. In addition there are major points needing reconstruction as follows.

Major points

1. Evaluation of optimal duration of smoking cessation

   Authors revealed that the cut of point of 6 week smoking cessation can't predict occurrence of PPC. As occurrence of PPC is dichotomous ROC curve analysis is available, which will provide proper cut of duration of smoking cessation. It is strongly recommended.

2. Long time survival according to smoking status

   The method using in this investigation is uncommon. Propensity score matched analysis is recommended

Minor points

1. Grade of COPD

   Severity of COPD varies, thus the grade of COPD needs to be informed.

2. TNM classification
Ver. 8 classification has applied in 2017. Version of TNM classification is needed.

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