**Reviewer’s report**

**Title:** Solid component tumor doubling time is a prognostic factor in non-small cell lung cancer patients

**Version:** 0  **Date:** 15 Dec 2018

**Reviewer:** masashi mikubo

**Reviewer’s report:**

Thank you for the opportunity to review this manuscript. The authors investigated the relationships between solid component TDTs and lung cancer prognoses. They demonstrated that short solid component TDTs could be a negative prognostic factor in NSCLC patients. This manuscript is well written. However, it needs some revisions.

My major comments are as follows.

1) Authors described that NSCLC patients with short solid component TDTs had significantly poorer prognoses than those with long TDTs. However, their study included mixed cohort of mixed GGO and pure-solid tumors (Figure2-4). Some recent studies have shown that radiologically determined pure-solid tumors and tumors with GGO component have different biologically behaviors. Furthermore, authors focused on the difference in TDTs between GGO component and solid component in this manuscript. Therefore, they should describe these radiological findings in Table 1 and Table 2.

2) I wonder why short solid component TDTs only influenced prognosis in Stage IB patients, but not Stage IA1, IA2, IA3. It might be because of small patient cohort. However, in reference to above my comment, I assume that the difference of tumor population might influence their prognoses. Once again it is important to describe radiological features. Moreover, authors should mention the reason why solid component TDTs influenced only prognoses in Stage IB patients.

3) Furthermore, if possible, it would be reasonable to show whether the prognostic impact of solid component TDTs can apply to both mixed GGO tumors and pure-solid tumors.

4) Authors showed that short solid component TDTs have greater impact on prognoses compared with short whole component TDTs in Figure 5. However, to prove that solid component TDTs really reflect prognoses rather than all component TDTs do, it would be preferable to include whole component TDTs into univariate and multivariate analyses (Table 3).

Here are the minor comments:
5) Table 1 and Table 2: authors had better add percentage to numbers of patients. It will make tables easier to understand.

6) Page 4, line 8 (Methods): I do not think Figure 1 show the flow chart of patient selection. It would be wrong.

7) Page 4, line 16 (Methods): CT findings and how to calculate TDTs are shown in Figure 1. It should be "Figure 1" instead of "Figure 2".

8) Page 8, line 8 (Results): It should be Table 2 instead of Table 3.

9) Page 10, line 5 (Results): Table 4 is not shown in this paper.

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