Comments to the Authors,

This manuscript carried out a single-arm one stage of phase II study on the nintedanib as second-line therapy for patients with advanced non-small-cell lung cancer in China with multi-center involvement. showed that 2nd-line chemotherapy with single-regimen of nintedanib might be equivalently efficient and safe, as compared with erlotinib, pemetrexed and docetaxel to treat patients with advanced NSCLC. The study was performed rigorously and the findings are interesting. In general, I only have some concerns on the statistic and the study design.

**Major Compulsory Revisions**

1, The null hypothesis were set as 1.8 month. However, do you think, maybe this value is only suitable for European population?

2, It is obvious that the genetic variation of the patients would bring different response to the chemotherapy, therefore, these confounders should be considered to give the conclusion.

**Minor Essential Revisions**

1, Abbreviation can only be used after the definition such as OS and PFS in the abstract.

2, In the background section, the authors should provide the fact that Is there any other previous studies on the phase II or phase III study nintedanib as second-line therapy for patients with advanced non-small-cell lung cancer in other countries?

3, How did the author calculate the 95% CI for “median treatment duration”, the same question to the 95% CI for “follow-up after treatment”?

4, In the PFS calculation, the endpoint of the death is easy to determined, however, how long time of the CT or other screening method were conducted to the patient should be mentioned, which would influence the accuracy of the PFS.

4, section 3.3 should be “safety**”** rather than “Efficacy”

5, where did the value of 3.8 come out without any clues of “a pre-designed aim of 3.8 months”?