Comments to the Authors,

In this paper, Dr. Houston provided a comprehensive analysis to the incidence data collected from the Centers for Disease Control and Prevention National Programs of Cancer Registries (NPCR), and the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) registries. Dr. Houston examined county-level lung cancer incidence rates by histology with an emphasis on racial/ethnic and geographical differences which is quite different with previous studies. What’s more, the authors identified large number interesting discoveries, such as significantly higher rates of large cell lung cancer incidence in NH black women living in counties adjacent to metropolitan counties compared to NH white counterparts. I am quite enjoy the manuscript and the logic of the manuscript. The study was performed rigorously and the findings are interesting.

**Major Compulsory Revisions**

1, The only flaw of this study is that smoking related factors were not be taken as the confounder or variable and to be analyzed in the manuscript.

**Minor Essential Revisions**

1, I didn’t find any # symbols in Table 2. Please check “# Rate is for age category is significantly different than the rate for NH white counterpart (referent) (P < 0.05)”

2, For the Lung cancer histology groups section, I have a little confuse that Non-small cell lung cancer actually overlapped with Squamous, Adenocarcinoma et.al, why they are occurred at the same time? (Page 5, line 35)

3, In the Statistical analysis section, the authors didn’t indicate which kinds of statistic/test were applied to provide the CI and P-value.

4, In the data sources section, authors could provide more information or details about how to assign the Rural-Urban code for each patient. As to the resident of the patients, how long time they need to live there so that we can assign corresponding Rural-Urban code for them considering high immigration ratio for certain regions.

5, When the authors found that “Incidence of late stage disease was higher among NH blacks (33.4 per 100,000), compared with NH white (30.8 per 100,000) and Hispanic adults (15.9 per 100,000)”, I think, some discussion should be provided for this discovery in the discussion section since the stage of the cancer strongly depended on the time for the patient to be diagnosed in the hospital.

6, When the authors claim “Historically, NH black women have a lower incidence of lung cancer, compared with NH white women”, some evidence should be provided. (Page 7, line 45)