Reviewer#1

Specific comments to authors:
Although the presented data from a large cohort of patients is interesting and the problem of the new onset or synchronous primary tumors indeed in on the rise with the improvement of the control of the primary cancers of various locations, the main drawback of the manuscript is very superficially and poorly described methodology section. It would be beneficial for the readers to see all the pathway how data was collected, what imaging techniques were used for diagnosis of tumors, how many patients actually had morphologic verification and how detailed that was done (immunohistochemistry, genetic profiling, NGS, etc.). Furthermore, in the results section it would be interesting to see some data on treatment pathways - were they treated at all, received surgery, chemo-, radiotherapy... at what stage.

Reply: I in the discussion section of the full text illustrates, because this is a retrospective cross-sectional study, involving 1902 patients with multiple primary malignant tumors, sample size is opposite bigger, so in the treatment of patients with design research is not will, immunohistochemical and next-generation sequencing, gene analysis into the research scope, so there is no relevant results and data treatment
Reviewer#2

Specific comments to authors:
This study provides relevant clinicians with possible pathogenic factors and clinical characteristics of the second primary cancer through narrative and quantitative analysis methods. However, a small part of the content still needs to be revised.

1. It is suggested to draw a gender difference map. The gender difference map of various cancers should be drawn to intuitively analyze the gender ratio, with exception of the specific cancers of men and women.

Reply: The sex ratios for each type of cancer, excluding the effect of male-female specific cancers, were compared and the differences plotted.

2. In the conclusion of the article, the description is vague and no clear and definite conclusion is given. “How to understand the high incidence” should not be the conclusion of the article. It is suggested to improve the conclusions in the abstract and the full text.

Reply: The conclusions in the abstract and the full paper were modified to show that Screening for lung cancer should be done six months after the detection of colon cancer and for rectal cancer within six months.
Re-reviewer

Specific comments to authors:
Based on the authors to the reviewers comments the paper cannot be further improved. This paper is a cross-sectional study and is divided into 23 types of malignant tumors, with a large sample size, and does not involve patient treatment, immunohistochemistry, genetic analysis and next-generation sequencing. However, it provides with sufficient clinical insights based on the analysis of the large cohort of the patients.

Reply: I explained in the discussion part of the article, because this is a cross-sectional study involving 23 types of cancer, and the sample size is large, the research plan does not involve treatment, immunohistochemistry, gene analysis and next generation sequencing.