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**Reviewer A**

Very nice and illustrative video. Congratulations.

**Reviewer B**

Thank you for this contribution, the only missing part is how hard or feasible reach to the inferior pulmonary vein for a pneumonectomy. If you may add few comments on that paper is fine. Well done

**Reply:** In case that it is hard to reach the inferior vein, we additional lateral thoracotomy to median sternotomy as describe in the text.

**Reviewer C**

In this paper, Negishi H and coworkers demonstrated the novel surgical elongation technique of the left main pulmonary artery (PA) by intrapericardial approach via median sternotomy. The manuscript is well-written and relatively easy to understand; however, there are several concerns.

1. What is new about your methods? Please briefly describe your new method in the Abstract.

Clarify the difference between your new method and previous studies in the Comment.

**Reply:** Our novel method is that complete release of the PA bifurcation including the right main PA. We enhance this in the revised one.

2. As the authors mentioned, sparing the left main PA is challenging during surgical resection for centrally located lung cancer that extends into the proximal portion of the left main pulmonary artery and left completion pneumonectomy following left upper lobectomy. However, the difficulty between the initial surgery for centrally located lung cancer and the second surgery re-encircling the intrapericardial left main PA is completely different. This case seemed to be the initial surgery for centrally located lung cancer. Please describe the brief information about the present case. Does your approach apply to the second surgery re-encircling the intrapericardial left main PA? If not, please delete the comment “if it is already divided at the time of left completion pneumonectomy following left upper lobectomy (Line 33-34).” Please discuss whether your approach applies to the second surgery that already ligament of Marshall was resected.

**Reply:** Our technique can be applied not only for centrally located lung cancer but also secure the proximal left main PA to the arterial ligament at the time of the completion pneumonectomy following the left upper lobectomy. We discussed it in the Comment. Even though the arterial ligament was divided in the initial surgery, it is possible to secure the left main PA at its proximal portion. No recent papers related to this surgical technique were available.

3. Please add a ticker or description to the video, so that reader can easily understand what the authors are resecting or taping.

**Reply:** We added ticker in the video.