

## Peer Review File

Article information: <https://dx.doi.org/10.21037/jovs-23-16>

### Reviewer A

Comment 1: More details in case report and discussion

Reply 1: Thank you for your review and comment. We added some more details whenever it was possible. We specified the used operating technique and instruments we used. We clarified the details of resection area, the resection borders and added more figures for demonstration. Pictures of the patient positioning on the operating tables unfortunately doesn't exist, also pictures of the resected specimen are lacking.

Changes in the text: Marked red in the text.

### Reviewer B

The authors reported a case of micronodular thymoma resected with robotic assistance.

Although the disease is rare, it would not be sufficient to get the case report published.

JOVS is a journal focusing on surgical techniques, clinical images, and so forth. The case report is also lacking the "visual" impact either.

Comment 1: Focusing on surgical techniques, clinical images, and so forth. The case report is also lacking the "visual" impact

Reply 1: Thank you for your review and comments. We added some more details whenever it was possible. We specified the used operating technique and instruments we used. We clarified the details of resection area, the resection borders and added more figures for demonstration. Pictures of the patient positioning on the operating tables unfortunately doesn't exist, also pictures of the resected specimen are lacking.

Changes in the text: Marked red in the text.

### Reviewer C

The authors reported that a case with a rare subtype of thymoma and it is safe to perform robot-assisted thoracoscopic thymectomy for complete resection of the tumour. Additionally, this rare subtype has a good prognosis if it is completely resected.

However, the manuscript should show indicate the criteria for RATS and the author should be brief and concise, omitting extraneous details. Furthermore, several other issues are included in this manuscript.

I have some concerns as followings.

1. I understand the need for a complete resection, but why was RATS chosen in this case? I believe that R0 can be obtained with open surgery or VATS. The author should indicate the criteria for RATS at your institution.

2. To demonstrate the effectiveness of RATS, a comparative analysis with not only open surgery but also VATS should be included for reference.

3. The author should demonstrate that preoperative clinical Masaoka stage.

4. Does this rare subtype have a different CT density value from other subtypes?

5. In this case, the intraoperative CO2 insufflation was used (including pressure value)?

6. To achieve a complete resection, how far was the cranial side of thymus dissected?

7. Could the left phrenic nerve be identified?

8. As for the details of the procedure, the author should be brief and concise, omitting extraneous details.

9. The author showed, p6, lines 132-134, "We discussed the case at our interdisciplinary board for thoracic malignancies. Due to the benign entity the panel decided to close the case in this older patient without any further requested follow up." Is this rare subtype of thymoma classified as a benign tumor? Or does it mean less malignant?

10. In previous reports, were there any case which added the adjuvant therapy?

11. Is chest pain associated with this subtype?

Thank you for your very detailed revision, comments, and questions. See our answers below.

Comment 1: RATS, vs VATS, vs open surgery.

Reply 1: Thank you for your comment and question. We follow the ESMO guidelines. Minimally invasive procedure is an option in presumed Stage I-II tumours in experienced thoracic surgeons. If it is feasible and safe for the patient we decide whenever possible for minimally invasive procedure, due to patient comfort (less pain postoperative, earlier mobilization, shorter length of hospital stay). Due to better visualization and standard procedure in our institution in a tumour less than 8cm, and no thymus carcinoma, we decided for RATS.

Changes in the text: See red marked text.

Comment 2: RATS vs VATS

Reply 2: There exist different studies, systematic reviews and meta-analysis which favor RATS over VATS.

*RATS was associated with less blood loss in operation, lower volume of drainage, fewer postoperative pleural drainage days, shorter postoperative hospital stay, and fewer postoperative complications. There was no significant difference in operative time and patients with or without myasthenia gravis between the two groups. (Cheng Shen, Jialong Li, Jue Li, Guowei Che 1: Robot-assisted thoracic surgery versus video-assisted thoracic surgery for treatment of patients with thymoma: A systematic review and meta-analysis; Thorac Cancer. 2022 Jan;13(2):151-161. doi: 10.1111/1759-7714.14234)*

Changes in text: See red marked text.

Comment 3: Preoperative clinical Masaoka stage

Reply 3: We presumed a preoperative clinical Masaoka stage. But normally this is a pathological stage according to ESMO guidelines. See citation “Masaoka-Koga staging is a surgical pathology system that is assessable only after surgical resection of the tumour (ESMO guidelines 2015)”.

Changes in the text: See red marked text.

Comment 4: CT density

Reply 4: This rare subtype does not have a different density than other subtypes.

Comment 5: CO2 insufflation

Reply 5: Yes, we used CO2 insufflation with 12mmHg.

Changes in the text: See red marked text.

Comment 6: Margins of dissection

Reply 6: Our border was the Ligamentum thyroidea, the diaphragman, and the right phrenic nerve.

Changes in text: See red marked text.

Comment 7: Identification of the left phrenic nerve

Reply 7: We did not open the left pleural space. So, we were not able to identify the left phrenic nerve.

Comment 8: Details of procedure:

Reply 8: Whenever possible we specified our description of the procedure with more details.

Changes in text: See red marked text.

Comment 9: Malignancy of the tumour

Reply 9: This subtype is not classified as benign, but as less malignant. So, the board decided for no radiological follow up but for clinical follow up at the family physician.

Changes in text. See red marked text.

Comment 10: Adjuvant therapy

Reply 10: There were no previous report where an adjuvant therapy was performed after resection.

Comment 11: Chest pain

Reply 11: The chest pain is not a specific symptom for this subtype.

## Reviewer D

1. Micronodular thymoma with lymphoid stroma is a rare thymic tumor, however it was reported before many times in the literature. Maybe the surgical approach of the tumor resection by robotic surgery is the new addition and

- could be one of the earliest experiences of using robotic surgery for this specific type of rare tumor.
2. I recommend modifying the title to be more highlighting the role of robotic surgery.
  3. In addition, the introduction and the case description would be better to clarify the surgical technique and the tumor characteristics during resection either it is easy to dissect or it is adherent to underlying tissue for example to give us more information about behavior of this rare neoplasm.
  4. Also, I recommend to provide data about patient follow up several months after surgery either clinically or radiologically. Maybe the tumor has a benign course that do not require post operative adjuvant therapy but at least clinical or radiological follow up would better to be mentioned.
  5. In the introduction section please clarify the background, rationale and objective.
  6. In case presentation section, I recommend to make subtitles about patient clinical history, laboratory investigations, radiological features of the mass, surgical technique, gross features of the mass, histopathological features, immunohistochemical staining and patient course after surgery and follow up.
  7. I also recommend to highlight presence or absence of myasthenia gravis symptoms or presence of other autoimmune diseases.
  8. In the surgical technique part, you mentioned that single lung ventilation was used, I recommend also to mention if you used Co2 insufflation or not.
  9. I also recommend to clarify the surgical instruments used during surgery like Harmonic device, diathermy hook or use of clips.
  10. I recommend to mention the gross features of the mass.
  11. In the discussion section: please refer to structure of case reports and clarify the following points:

Key Findings

Strengths and limitations

Comparison with similar researches

Explanations of findings

Implications and actions needed

12. In conclusions section: I recommend to modify your conclusion as it did not mention any new idea or give the reader a clear message. It is better to give the readers advice about the RATS as an approach for resection, the follow up and the behavior of these rare tumor.
13. In reference section: please refer to reference style on the JOVS website and modify the references as the instructions. If authors are more than three, the first three are mentioned followed by et al.
14. Regarding figures: I recommend to include more figures especially to add some photos of the gross resected mass, I also recommend to include figure for patient position and trocars positions.  
Also it is better to replace the intraoperative figures as the sent photos are not clear. It is better to have clear photos with clear landmarks: SVC, phrenic nerve, thymic horns.  
I also recommend to add a table to clarify the immunohistochemical staining.

15. I also recommend the following modifications:

- 1) Line 11: write the corresponding author name like in the author list; first name and last name order.
- 2) Line 14: where is running title section?
- 3) Line 15: Remove this sentence.
- 4) Line 30: replace this sentence by writing (thymoma is a rare malignant tumor in adults which originates from thymic epithelial cells).
- 5) Line 32: replace (around) by (about).
- 6) Line 33: put (,) after the word (cases).
- 7) Line 33: replace (have not been established so far) by (have not yet been established).
- 8) Line 34: replace (because of an unclear mass) by (to investigate an undiagnosed anterior mediastinal mass).
- 9) Line 35: Better to remove this sentence (mass was recognized incidentally) as you will mention later that patient performed CT scan 5 years ago and you compared the size of the mass in the recent CT and the older one.
- 10) Line 37: replace (besides the unspecific chest pain...) by (the patient was completely asymptomatic except for the unspecific chest pain).
- 11) Line 38: remove this sentence (we suspect a thymoma).
- 12) Line 38,39: replace (we performed a robot....) by (A right sided robot assisted thoracoscopic thymectomy was performed for diagnosis and treatment).
- 13) Line 40: replace (left our hospital) by (was discharged home).
- 14) Line 42: remove the sentence (We present a case with a rare type of thymoma).
- 15) Line 42,43: replace the sentence (even if the histology ..... ) by (It is feasible to perform RATS thymectomy for complete resection even if the preoperative histopathology is unclear).
- 16) Line 56: You should put the (Highlight box) before the introduction as shown in the structure of case reports template.
- 17) Line 58: replace (entity) by (neoplasm).

- 18) Line 59: You should not begin references by (2) as references should be in order. Please refer to references style section.
- 19) Line 60,61: remove this sentence (The thymus is a lymphoid organ...).
- 20) Line 63: replace (In addition to these usual types, some rare subtypes exist) by (Some other rare subtypes are present including.....).
- 21) Line 70: replace (than) by (like).
- 22) Line 72: replace (In this case report we present one case of MTWLS as well as our therapeutic) by (In this case report, we present our therapeutic approach to a case of MTWLS).
- 23) Line 81: replace by (case description). Refer to structure of case reports template.
- 24) Line 83: remove (an).
- 25) Line 84: replace (unclear) by (undiagnosed anterior mediastinal mass).
- 26) Line 85-90: I recommend not to mention the details of cardiac investigations. You can just mention (Cardiac investigations showed normal cardiac function and normal coronaries.....).
- 27) Line 90-95: remove and replace with (on performing CT scan of the chest, an anterior mediastinal mass was found measuring.... With no enlarged lymph nodes or any other suspicious lesions).
- 28) Line 95,96: remove the sentence (Due to these radiological findings, we suspected an asymptomatic thymoma).
- 29) Line 96-98: remove the sentence (Retrospective review of a CT scan performed 5 years prior showed an obvious increase of the mass from 9 x 8 x 11mm to the actual size) and replace with (The mass increased in size when compared to the size reported in a previous CT scan done 5 years earlier 9 x 8 x 11mm).
- 30) Line 99-102: remove these and replace by (After getting an informed consent, right sided RATS thymectomy was decided).
- 31) Line 103-107: replace the word (trocar) by (port) and better to use expression ( three ports were used in our procedure. Camera port was placed in... and the working ports were placed ....).
- 32) Line 107: replace (medioclavicular) by (midclavicular line).
- 33) Line 118-121: remove all and replace by (patient was discharged in the third postoperative day)

Thank you for your very detailed revision, comments, and questions. See our answers below.

Comment 1: Surgical approach with RATS

Reply 1: I found no data for this specific subtype where it was resected with RATS.

Comment 2: Modifying the title.

Reply 2: We modified the title for highlighting the role of RATS.

Changes in text: Marked red in the text.

Comment 3: Clarify the surgical technique

Reply 3: Whenever possible we specified our description of the procedure with more details.

Changes in text: See red marked text.

Comment 4: Follow up

Reply 4: A clinical follow up at the family physician is planed but not performed yet.

Changes in text: See red marked text.

Comment 5: Clarify

Reply 5: Whenever possible we specified our description with more details.

Changes in text: See red marked text.

Comment 6: Subtitles in case description

Reply 6: We added subtitles.

Changes in text: See red marked text.

Comment 7: Myasthenia gravis symptoms

Reply 7: The patient did not have any myasthenia gravis symptoms. We highlighted this.

Changes in text: See red marked text.

Comment 8: CO<sub>2</sub> insufflation

Reply 8: Yes, we used CO<sub>2</sub> insufflation with 12mmHg.

Changes in the text: See red marked text.

Comment 9: Surgical instruments

Reply 9: We clarified the used instruments. We used bipolar Maryland forceps and fenestrated bipolar forceps.  
Changes in text: See red marked text.

Comment 10: Features of the mass

Reply 10: We clarified the features of the mass. A macroscopic picture is lacking.

Changes in text: See red marked text.

Comment 11: Discussion section

Reply 11: We performed different modifications.

Changes in text: See red marked text.

Comment 12 : Conclusion section

Reply 12: We added more details to the conclusion section.

Changes in text: See red marked text.

Comment 13 : References

Reply 13: We modified the references to the JOVS style.

Comment 14: More figures

Reply 14: Whenever possible we added more figures. A macroscopic picture of the mass is lacking.

Changes in text: See red marked text.

Comment 15: Modification.

Reply 15: Thank you for your detailed review and advise for modification. We adopted most of your modifications as you recommended.

Changes in the text: Marked red in the text.