

Peer Review File

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Reviewer A

Comments 1: I just suggest explaining port mapping better, because it was confusing.

I suggest a minor revision of English.

Reply 1: Thank you for pointing out the problem.

Changes in the text: We have modified our text and Figure1,2 as advised (see Page 15-16, line 282-283,289-291).

Reviewer B

Comments 1: As a descriptive paper, it is clear and concise and easily able to be followed. if anything, I would like some further explanation of the line in the paper (84-86) about the angle between the left arm and the right arm being 180 degrees vertically. I did not follow exactly what this meant, nor could I really tell from the included images.

Reply 1: Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 6, line 90).

Comments 2: I would discuss in the limitations about whether four 1cm incisions are demonstrably different from a single 4cm incision with the robot.

Reply 2: Thank you for your important comments

Changes in the text: We have modified our text as advised (see Page 11, line 184-189).

Reviewer C

Comments 1: We believe it would be beneficial to further clarify the insertion of the thoracic drain. Was it placed in the same 3.5cm wound used for port placement?

Reply 1: Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 9, line 140)

Comments 2: It could also be interesting to detail the methodology used to measure such small volumes of blood.

Reply 2: Thank you for your important comments. If the amount of bleeding was small, it was measured by the weight of the gauze.

Changes in the text: No changes in the text.

Editorial Comments

1. Instead of simply stating that “robotic-assisted thoracic surgery has gained increasing interest”, you might want to introduce why it has gained this interest. Is it because of its potential benefits or success rates?

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 3, line 29-31).

2. The point about “minimal injury” is essential in abstract. The authors may consider elaborating a little more on this to showcase the advantage of your technique.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 3, line 33-34).

3. If the da Vinci single-port system is more prevalent, briefly touch on why the da Vinci Xi system’s URATS technique is relevant or necessary.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 3, line 39-41).

4. The word count requirement for the abstract is between 200 and 350 words. Currently, the abstract falls short of the minimum threshold. Incorporating the above three comments could enrich the content of the abstract.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 3, line 28-44). The word count is 250 words.

5. We recommend adding “da Vinci Xi system” as a keyword.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 3, line 46).

6. In the section “Preoperative Preparations and Requirements”, please present the composition of the surgical team, elucidating on individual experiences and qualifications, such as the number of similar surgeries the lead surgeon has performed, any specialized training, and its duration.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 6,7, line 94-97).

7. Given that one case resulted in a cystic thymoma diagnosis and the other a solitary fibrous tumor, it would be beneficial to briefly describe these conditions. This would help readers understand the importance of surgical removal and the potential implications of the findings.

Reply : Thank you for your suggestion. It was omitted because it is not the essence of the surgical technique.

Changes in the text: No changes in the text.

8. While Case 2 mentions a follow-up duration of five months, it would be beneficial to include any follow-up duration for Case 1 as well.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 7, line 114-115).

9. It would be beneficial to add a mention of the information provided to patients upon discharge. For instance, guidance on monitoring for signs of infection, recognizing symptoms that should prompt an immediate return to the hospital, wound care, activity limitations, and follow-up appointments.

Reply : Thank you for your suggestion. It was omitted because it is not the essence of the surgical technique.

Changes in the text: No changes in the text.

10. The comparison between different systems like the da Vinci Xi system® and the da Vinci SP® platform is insightful. Consider making the comparison more pronounced with a table, highlighting key features, advantages, and disadvantages.

Reply : Thank you for your suggestion.

Changes in the text: We have added the table1 as advised.

11. The statement about the 8mm thickness of the da Vinci Xi system's camera and forceps is repeated in both the Discussion and Conclusion. While it's essential information, consider how it's framed in the conclusion to avoid sounding redundant.

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 11, line 200-203).

12. Highlight key points: The authors may want to begin the conclusion with a summarizing statement that encapsulates the main findings or observations. For example: "The URATS approach using the da Vinci Xi system presents a promising alternative for simple mediastinal tumor resection, though challenges remain."

Reply : Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 11, line 200-203).