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Reviewer #1

Comment 1: At paragraph 14 to 16 should be clarified that the meta-analysis by Ferguson and Lehman supports the benefits of sleeve resection at least in the studied population: EARLY STAGE LUNG CANCER PATIENTS WITH ACCEPTABLE LUNG FUNCTION.

Reply 1:

We added: a meta-analysis by Ferguson and Lehman demonstrated that sleeve resections -if technically feasible- were superior to pneumonectomies when looking at 5-year-survival, quality-adjusted life-years and cost-effectiveness, **and this in patients with early-stage lung cancer with acceptable lung function**

Regarding the site of bronchial transection and the technique to determine it (paragraph 73-74 and 83 to 88),

Comment 2: A basic principle of sleeve resection is that the removed specimen must include IN ONE PIECE: The resected lobe with its bronchus along with the sleeve of the healthy bronchus from which it emerges.

Reply 2:

This is indeed prefererrable as it makes it easier for the pathologist to asses the specimen. Most important are negative section margins at the two remaining sides prior to anastomosis. Added this point in the discussion

Comment 3: The point should at least be discussed in the manuscript.

Reply 3:

Added in the discussion

Comment 4: Paragraph 86 needs to be more emphatic. I would put it this way:the lower lobe and intermediate bronchi MUST BE transected WELL AWAY from.....

Reply 4:

Changed in this manner

Comment 5: The whole paragraph 88 should be remarked as the rule to follow in deciding the bronchial transection site. Longitudinal cutting to find the site should be just an alternative.

Reply 5:

Added:

While keeping the tumour attached to the resected lobe is the rule, as an alternative and only in small tumours, the bronchus can be transected distally to the tumour to obtain a good vision.

Comment 6: If I understand well, paragraph 89 should read as follows:no to cut to deep into the LOWER LOBE segmental bronchi.

Reply 6:
Added

Reviewer #2

This is a technical case report of a robotic approach for central middle lobe cancer using the robotic platform Da Vinci Xi. The surgical technique and approach are remarkable; the authors described well the technical steps, but they did not give any clinical information. The paper is well written, but I think are necessary some modifications.

Comment 1: The whole paper should be considered as a case report or technical report.

Reply 1:
We changed it into a case report

Comment 2: It is advisable to insert a description of the clinical scenario (demographical data, pathology.....)

Reply 2:
CARE case report guidelines checklist was added

Comment 3: The paper could be improved inserting some post-operative outcomes

Reply 3:
We have waited with resubmission until 1year follow-up

Comment 4: Review the whole paper for the presence of some typos.

Reply 4:
We hope most have been found and corrected now, thank you

Comment 5: The discussion paragraph should be improved inserting the advantages of robotic platform during lymph node dissection in the mediastinum.

Reply 5:
I added this topic in the discussion. Intuitively, I agree the robot platform helps to perform a nice mediastinal clearance, however, literature data is not clear on this topic. To my knowledge there is no large RCT.

Reviewer #3

The authors reported their experience on a single case of robotic middle lobe sleeve resection. The video is very nice. The authors should be congratulated for that. The manuscript is rich in details.

Some minor concerns should be addressed by the authors.

Comment 1: The authors should clearly report the anatomical references and intercostal space number of their surgical approach.

Reply 1:

We added the target intercostal spaces to the legend of the figure

Comment 2: Figure1: the schematic picture is not clear, mostly the numbers and letters. I would enlarge the characters.

Reply 2:

We prepared a high resolution version for the publisher.

Reviewer #4

In this manuscript the Authors describe the technique to perform RATS middle lobe sleeve lobectomy. This operation has been described only in few previous reports, and a good quality video is provided to demonstrate the surgical technique. The manuscript could therefore be of interest.

Comment 1: It could be improved by adding postoperative bronchoscopic images and by discussing in greater detail why in the Authors' opinion using a barbed suture could be associated with postoperative anastomotic complications.

Reply 1:

Unfortunately, no video record was made of the postoperative -standard performed – bronchoscopy was made. We added the 1year follow-up data

As we changed this work to a case report, we omitted the possible postop complications I have seen in another patient with a different operation. However, in the discussion, I kept the remark that this wire still needs to be proven to be effective in large series.

Reviewer #5

Thank you for submitting your manuscript to the journal of Visualized Surgery. This manuscript describes a surgical technique of a sleeve middle lobectomy with a robotic platform. It is well written and easy to understand. I would recommend it for acceptance after revising three points listed below.

Comment 1: This manuscript seems like a technical report rather than a review article.

Reply 1:

We changed it to a case report and added the CARE checklist.

Comment 2: A sleeve middle lobectomy can avoid inferior bilobectomy but not thoracotomy. It can be done with minimally invasive surgery, including minithoracotomy and video-assisted thoracoscopic surgery.

Reply 2:

Sorry for the confusion. We meant that a minimally invasive sleeve middle lobectomy avoids both bilobectomy and thoracotomy.

We changed the text:....

Comment 3: A good exposure and exact angulation may be the property of a robotic platform rather than the advantage. It depends on surgeon's skill whether the property changes into the advantage. The sleeve middle lobectomy with a robotic platform should require a learning curve.