

Peer Review File

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Reviewer A

1. The quality of segmentectomy under non-intubated status should be studied. Not only time, blood loss, or complication, but also lymph node number or survival should be investigated. The oncological principle should not be compromised under non-intubation. Since only simple segmentectomies have been widely reported, it is highly possible that there is some technical difficulty in achieving high-quality dissection under spontaneous breathing. The authors should look into some quality parameters, such as lymph node numbers.

Response: Authors have added data regarding oncological principles, and have found scarce information about lymph node dissection that has been included in the text and a new table (Table 1). This information has been added in a new section called "Are nonintubated segmentectomies oncologically safe?" There is no data available regarding disease-free or overall survival comparing intubated or nonintubated surgery.

2. I suggest to provide 2~3 sentences as answers to each question in the conclusion section.

Response: Authors have found more interesting for the readers to summarize not the conclusions of the previous sections but the lack of data and future research fields in this specific anesthetic approach. If reviewers find essential we could modify and add this conclusion section.

3. Some references should be revised. For example, ref 10, who is "Tumors L"?

Response: References have been checked and modified.

Reviewer B

The manuscript is very well organized and very well written.
I want to congratulate the great work of the authors.

Response: Thanks for the comment

Reviewer C

The topic is very interesting and of high significance for thoracic surgeons worldwide. Overall, however, the article requires significant re-organization so that its arguments and recommendations are clear, focused and compelling. The manuscript should be structured along the

guidelines for narrative reviews. Especially, criteria for study selection should be described in more detail.

There are grammars and typos errors in the text and the language is very colloquial. Please thoroughly check the article.

Response: the manuscript has been slightly modified according to Narrative Reviews guidelines. Authors have also checked the English grammar and language.

Reviewer D

Thank you for the opportunity to review this interesting narrative review from Carlos et al regarding to nonintubated anatomical segmentectomy. The manuscript is well-written and provides the most updated information and comprehensive discussion. They pointed out the current evidence, that nonintubated anatomical segmentectomy is safe and feasible in highly selected patients (low BMI, female) in the experienced center. The advantages of this surgical methods may be still lack of evidence. They also pointed out several important key aspects for the future.

Response: Thanks for the comment

Reviewer E

I would like to congratulate the authors on this excellent and very comprehensive review discussing the topic of nonintubated anatomical segmentectomy. It is a very important topic with increasing interest in thoracic surgery. The authors have successfully summarized the literature on this topic and review is well-structured. The clinical relevance and the critical aspects are clearly discussed. Only a few typos should be corrected, otherwise no further changes are needed.

105 on these combination → on this combination

125 in this 9 years → over the last 9 years

134 patients had been reported → patients have been reported

135 They performed a propensity score matching, so the analysis → score matching, final analysis included

138 from Taiwan, have published → , has published

140 the comparison aimed the surgical → the comparison focused on the surgical

142 (11)a → (11) a (a space should be added after the ref number)

146 reported the totality of comparative studies and almost the totality → “the totality” should be replaced by “all”

195 But surgeons who have dealt with nonintubated anatomical resections we all know → Surgeons who have dealt with nonintubated anatomical resections know

196 try to perform these anesthetic approach → to perform this approach

200 Wand and cols. → Wang et al.

205 there was 1 case → there was one case

206 in the postoperative → during the postoperative period

236 the clinical practice complicate with tracheal → clinical practice is leads to tracheal

241 Pompeo and cols. → Pompeo and colleagues

275 after this objective and critical analysis, seems that → after this objective and critical analysis, it seems that

288 (BMI, sex, ...) → the term “gender” may be more suitable

293 defining what we aim and → defining what we aim for and

Response: all the specified mistakes have been checked and modified in the text in its current position