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Peer Review File

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Review Comments

Response to Reviewer 1

We sincerely appreciate and thank you for highly valuable comments and suggestions. We have tried to revise the manuscript in order to make the necessary corrections in line with the reviewers' suggestions and comments as much as possible.

Comments 1 and 2: The reviewer suggested several options on how to manage a life-threatening tear in the pulmonary trunk.
Answers 1 and 2: Thank you for suggesting measures that may be very useful. For controlling bleeding from the main pulmonary trunk in this case, as you suggested, inserting a Fogarty catheter or a urinary catheter into the bleeding site, inflating it, and pulling it back to stop the bleeding until suturing was completed could have been a possible hemostasis measure; however, this idea did not occur to us intraoperatively, and it could also have caused the tear to widen. As an alternative, another biological patch, such as VerisetTM (Medtronic), may also be effective for hemostasis of the massive bleeding; however, we have no experience of its use. Accordingly, we have added these points in the revised manuscript.
Revisions 1 and 2: lines 120-125.

Comment 3: The reviewer suggested that ECMO was quickly established and asked about its preoperative preparation.
Answer 3: In this case, the attending anesthesiologist secured the femoral artery and vein for access route in advance, with VA-ECMO almost being on standby as a safety measure in case of critical bleeding, and medical engineers who could handle it were also present, which enabled successful VA-ECMO establishment by ourselves without cardiac surgeons. We have added this information in the revised manuscript.
Revision 3: lines 115-119.

Comment 4: The reviewer asked for the meaning of the fifth statement in Table 1.
Answer 4: We apologise for the confusing presentation. At this time, we do not perform any surgeries in which VA- or VV-ECMO is mandatory. Only in cases where the use of an assisted circulation is unlikely but can be considered for safety reasons, it should be prepared based on the consultation with the anesthesiology department, operating room nursing staffs, and medical engineers on the basis that cardiac surgeons visit our center for assistance. We have revised the relevant parts appropriately.
Revision 4: the fifth statement in Table 1.

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Thank you again for your valuable comments and kind consideration for our manuscript.

Response to Reviewer 2

We sincerely appreciate and thank you for highly valuable comments and suggestions. We have tried to revise the manuscript in order to make the necessary corrections in line with the reviewers' suggestions and comments as much as possible.

Comment 1: The reviewer inquired about pre-treatment histological diagnosis.
Answer 1: The pre-treatment histological diagnosis was made by a CT-guided needle biopsy. We have added this information in the revised manuscript.
Revision 1: lines 38-40.

Comment 2: The reviewer inquired about postoperative adjuvant chemotherapy.
Answer 2: Postoperative adjuvant chemotherapy was not considered because of the complete resection of the tumor and the physical condition of the patient after the highly invasive surgery. We have added this point in the revised manuscript.
Revision 2: lines 94-95.

Comment 3: The reviewer inquired about the intraoperative findings and the reason why the combined resection of the left phrenic nerve was needed.
Answer 3: The left phrenic nerve was found to be involved in the tumor, thereby necessitating its resection. We have added this information in the revised manuscript.
Revision 3: lines 86-87.

Comment 4: The reviewer asked about the healing of the wound after the modified HCST was applied.
Answer 4: The modified HCST applied to this patient resulted in a very large wound, but it did not hinder wound healing and the postoperative course was uneventful. We have added this information in the revised manuscript.
Revision 4: lines 90-91.

Thank you again for your valuable comments and kind consideration for our manuscript.

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Response to Reviewer 3

We sincerely appreciate and thank you for highly valuable comments and suggestions. We have tried to revise the manuscript in order to make the necessary corrections in line with the reviewers' suggestions and comments as much as possible.

Comment 1: The reviewer suggested that the troubleshooting of massive bleeding in thoracic surgery can be discussed rather than oncological considerations of germ cell tumours.
Answer 1: Thank you for your suggestion. As indicated by the reviewer, we also consider the troubleshooting for massive bleeding during thoracic surgery to be very important. On the other hand, it is crucial to understand the specific nature of the PMNSGCT and recognize the specific surgical strategy and technique necessary for resecting this tumor, the circumstances in which bleeding can occur, and particularly the dissection at the boundary of adjacent neighboring organs. For this reason, we would like to maintain the current discussion in order to provide some key points on surgical treatment of this tumor. As per the suggestions, we have added some comments in the revised manuscript and have also added some measures on what to do in case of bleeding.
Revision 1: lines 120-125 and lines 149-152.

Comment 2: The reviewer suggested that a native editor should check the manuscript.
Answer 2: Thank you for the suggestion. Our revised manuscript was thoroughly re-checked by two professional English editors throughout the document.

Thank you again for your valuable comments and kind consideration for our manuscript.