Reviewer A

Congratulation for this very interesting and well-written review. I found very useful having a comprehensive view on the more used techniques for lung nodule localization. I only have few comments.

1. My main comment is in regards of hook wire description.

Hooks are flexible wires which are straithened into a needle and, when released into the lung parenchima, they acquire a pre-shaped form with one or two thorns.

Spiral wires are the ones with a spiral shaped memory and circular configuration with two or three rounds. This difference is really important as results of the latter showed to be more promising, particurarly in terms of associated complications. Patella et al. (Patella M, Bartolucci DA, Mongelli F, Cartolari R, Minerva EM, Inderbitzi R, Cafarotti S. Spiral wire localization of lung nodules: procedure effectiveness and oncological usefulness. J Thorac Dis. 2019 Dec;11(12):5237-5246. doi: 10.21037/jtd.2019.11.74. PMID: 32030241; PMCID: PMC6987988.) reported a dislodgment rate of only 2.9% and a pneumothorax rate of 4.9%, which are significantly lower than the ones you reported for hook wires.

I would suggest to implement this specification in your manuscript.

- 2. Regarding the use of hibrid theatre, you mentioned a study by Chao and colleagues (ref n 29). You only briefly mentioned a increase in OR occupation time. The same authors calculated that with the use of intraoperative localization, the OR occupation time increased by about 60 minutes on average in their experience. I suggest to clearly report the results, as it looks a very important data.
- 3. You mentioned in the abstract the navigational bronchoscopy. It would be very interesting to have some information about this technique in the paper.

Reply

Thank you for your suggestions. We implemented the hook wire description, citing the interesting paper of Patella et al.

We added a sentence about OR occupation time, as described by Cao et al.

Reviewer B

In this review, the author reviewed the evidence and the various methods used for preoperative localization of solitary pulmonary review.

The article is interesting to read. I recommend approval with minor revision as below:

- 1- Recommend to add a table which describes each method, success rate, pneumothorax rate, bleeding rate, dislodgement rate, and comments about it compared to other methods
- 2- Add figures related to each method
- 3- Typos: Line78- "The device consists in a circular flexible hook" Line 283" There wereno significant difference"

Reply

Thank you very much for your comments. We added a table, resuming advantages and disadvantages of each procedure.