

Peer Review File

Article information: <https://dx.doi.org/10.21037/asj-21-13>

Reviewer comments

Reviewer A

Comment 1: Well written paper for a well-managed complex case

Reply 1: We wish to express our appreciation to the reviewers for their insightful comments on our paper. The comments have helped us significantly improve the paper.

Comment 2: Line #75 – remove (the in) to examine the in the right

Reply 2: In accordance with the reviewer's comment, we removed (the in) from this sentence (see Page 5, line 78).

Comment 3: Line #83 – sternum should sternal incision

Reply 3: In accordance with the reviewer's comment, we have changed the term to sternal incision (see Page 5, line 86).

Comment 4: Line #93 – add a: a right upper lobectomy

Reply 4: In accordance with the reviewer's comment, we have added “a” before, “right upper lobectomy” (see Page 5, line 95).

Comment 5: Can you elaborate more on the postoperative care, including chest tubes management, and why was the patient kept in the hospital for 12 days?

Reply 5: We appreciate your important question on this point. The left chest drain was removed on 1 POD and the right chest drain was removed on 2 POD. He spent 12 days after surgery because he needed rehabilitation to return home. We have added the sentences to provide those information (see Page 6, line 114-116).

Comment 6: If allowed within the journal requirements, considering adding a table summarizing previously reported cases might be considered as was done by Rasso et al <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4831106/>

Reply 6: We appreciate your important suggestion. We added a table summarizing

previously reported cases of TMA surgery combined with VATS for lung cancer. 2 patients out of 8 patients underwent surgery only in the supine position, the mean hospital stay was 12.7 days and the mean disease-free interval was 35.6 months. We have added a table and the sentences (see Table 1 and Page 7, line 137-140).

Reviewer B

Comment 1: I would like to congratulate the authors of an interesting case report for the successful surgical treatment of synchronous lung cancer. Simultaneous surgery of two primary tumors in both lungs is very rare. The authors describe in detail the patient's qualification, the course of the operation and its results. In the discussion, they refer to the current literature. The article is written in good quality English and addresses the most important aspects in this area of thoracic surgery.

Reply 1: We wish to express our appreciation to the reviewers for their insightful comments on our paper. The comments have helped us significantly improve the paper.

Comment 2: I only have a few comments.

Comment 2.1): Line 19; there is a mistake – is “wards”, should be “words”

Reply 2.1): Thank you for pointing out, we made a correction (see Page 1, line 18).

Comment 2.2): Line 71; I suggest using “uptake of 18F-Fluorodeoxyglucose” instead of “accumulation on fluorodeoxyglucose”

Reply 2.2): In accordance with the reviewer's comment, we have changed the expression to “uptake of 18F-Fluorodeoxyglucose” (see Page 4, line 71).

Comment 2.3): Line 72; I suggest using “synchronous” instead of “double”

Reply 2.3): In accordance with the reviewer's comment, we have changed the term to “synchronous” (see Page 4, line 73).

Comment 3: Line 104; I suggest adding a short information on lymphadenectomy, for example: “lobectomy and lymphadenectomy through...”

Reply 3: In accordance with the reviewer's comment, we have added “and lymphadenectomy” (see Page 6, line 106-107).

Comment 4: The recommended surgical treatment for bilateral synchronous primary lung cancer is bilateral lobectomy. In the discussion, the authors should justify why only wedge resection without lymphadenectomy was performed on the left side, if in fact at least segmentectomy and lymphadenectomy should be performed.

Reply 3: We appreciate your important comment and agree that a clarification is required on this point. Before surgery, the possibility of metastasis of the right lung tumor could not be ruled out for the left lung tumor, so we decided to perform left lung partial resection. After confirming the diagnosis, we suggested additional surgery, but the patient declined. We have added these information (see Page 4-5, line 73-76 and Page 6, line 118-119).

Comment 5: In summary, the article is very well written and may be of great practical importance to thoracic surgeons.

Reply 5: Thank you for your kind comments and the time and energy you spent.