

Peer Review File

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Reviewer A

The article is interesting but needs a slight modification of its proportions - the section regarding a technique of lymphadenectomy is too short and should be given more detailed way and the sections about history of uniportal and the developing countries are excessively long.

Answer:

Thank you for your kind comments. The history and developing country part has been modified and shortened; while the lymphadenectomy part has been modified and lengthened.

Reviewer B

This manuscript is written in the type of narrative review on the theme of uniportal VATS lymphadenectomy. The following points need to be revised.

1. Please describe the methodology of the review.
2. The authors wrote “the use of uniportal VATS lymphadenectomy offers a lower complication rate, postoperative paresthesia, and pain when compared to other approaches.” However, the rationale is not written and it is described as based on the authors experience. As this is a review, please state the rationale.
3. Even if the approach changes, the procedure for lymphadenectomy does not change. Therefore, the number of lymph node dissections should not change. Please describe why the difference occurs. (line 119-122)
4. This manuscript has no figures and tables and gives the impression that it is generally uninteresting for readers.
5. The history is different from the title and so is not necessary.
6. There is an abbreviation “VATS” in abstract, so please correct it.

Answer:

Thank you for your kind comments.

1. A methodology part was added
 2. The experience part was modified to fit the type of article that it is a narrative review.
 3. Actually, it's well described in some papers that there's some geometric differences between the uniportal VATS and other approaches. As in the uniportal VATS the surgeon can have a direct sagittal view to the hilum and mediastinum very similar to the open thoracotomy view. We believe this maybe the reason for better lymph nodes harvesting.
 4. A table was added to ease the reading of the article
 5. The history part has been shortened
 6. VATS abbreviation has been corrected
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Reviewer C

The authors well summarized and demonstrated the uniportal approach for lymph node dissection in lung cancer surgery.

I think this paper has minor concerns to be discussed, listed as follows:

1. In keywords, “technique” seems not proper that could be replaced with other keywords, such as “lung cancer” or “single port”.
2. In line 118 and 119, reference 4 and 16 seems not properly cited, or changed with each other.
3. In line 119-120, “and” may be deleted; Uniportal to uniportal
4. In line 133, it seems unfinished sentence. In line 135, does it mean the “uniportal” VATS

approach?

5. In line 158-162, it may be more reasonable to indicate the statistical result with selective reference.

6. In line 288-291, it seems incomplete incomprehensible sentences.

7. In conclusion, does “complete or not” means “dissection / sampling” or incomplete dissection with the difficulty procedure under uniportal VATS?

8. For uploaded video clips; it could be more informative, educational with more edited, clearly recorded cases to reveal the art of uniportal LN dissection (esp. video 1 and 3)

9. There seems no comments or sentences on video 5 (edited version?) in the manuscript.

Answer:

Thank you for your kind comments.

1. The keywords have been modified.

2. The reference 4 and 6 in the mentioned lines are correctly cited.

3,4,5, and 7 has been addressed in their appropriate lines.

7. We mean by complete dissection “Radical lymphadenectomy of mediastinum” and not sampling

8. We will upload more lymphadenectomy videos so the reviewers and the editors can choose the best quality video to be publish in the Journal.

Reviewer D

Congratulations to the authors on your work.

Regarding the uniportal VATS mediastinal lymphadenectomy, I have several questions after reading your manuscript as the following:

First, you mentioned that you are never using mediastinoscopy after accumulating experiences in uniportal VATS mediastinal lymphadenectomy. However, mediastinoscopy, or the advanced form such as VAMLA (video-assisted mediastinal lymphadenectomy) still has the role to sample or dissect bilateral upper mediastinal lymph node stations (i.e. 2R, 4R, 2L, 4L, 5, 6). In terms of uniportal VATS, it requires bilateral incisions to perform the mediastinal dissection. What’s your opinion on this issue?

Second, as you cited only one article which is in favor of the uniportal approach rather multiportal approach with the so-called benefits of lower complications, postoperative paresthesia, and wound pain. I would suggest you to include more relevant papers particularly the ones published in the latest years to enhance and consolidate your viewpoints.

Answer:

Thank you for your kind comments.

First: In the era of PET-CT and EBUS, we “surgeons and oncologists” don’t sample the mediastinum in a routine fashion as we used to do before. Most of our VATS lymph nodes dissection are done as a part of an oncological operation (Lobectomy, segmentectomy, pneumonectomy ..etc) or to get a node sample when EBUS is not available or not informative. We believe that mediastinoscopy is a good procedure for diagnosis but however, bleeding control and surgical exposure are limited during this procedure. On the other hand, the authors feels themselves having better control and exposure with VATS and all the mediastinal and hilar stations could be reached via this approach. In addition to the ability to explore the pleural space for any pleural metastasis or lesions that could not be seen via mediastinoscopy or any of its modified versions. In our practice, bilateral incisions is needed in a rarely needed approach, however its also possible.

Second: More references were added to this point.