Peer Review File

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Reviewer #A:

1. Comment: Were the Uniporter and multiport approaches all performed by different surgeons. That is where the surgeons exclusively unit-portal and other surgeons universally multiport or did the same surgeon do both and their approach was really based on patient characteristics. In another words, are we just comparing one surgeon versus another surgeon.

Reply: It is really true as Reviewer suggested that this will help readers understand the study's focus more clearly. We collected patients with thymoma in thoracic surgery who received medical treatment from 2013 to 2022 from the same medical team and surgeons. So to a more accurate description, this study aims to compare the different surgical techniques of thoracoscopy for thymoma performed by the same surgeon.

Changes in the text: We have made revisions to the article based on the suggestions of the reviewers(P2,line35-36).

2. Comment: Another interesting note is the hospital stay of about 6 days or so for both groups. This seems a little unusual as most contemporary studies indicate a hospital stay of about 1 to 2 days. Again this may be somewhat cultural.

Reply: As suggested by the reviewer advice, the hospital stay of about 6 days or so for both groups seems a little unusual. The main reason for this issue is the mode change in hospitalization and surgical treatment in our center. After 2022, the popularity of 2-day surgery in our medical center's thoracic surgery department has greatly increased and ripped. The vast majority of patients complete preoperative preparation before admission, and patients undergoing surgery are discharged within 2 days. On the contrary, before 2022, the vast majority of patients will start preoperative preparation work after being admitted to the hospital. This hospitalization time includes the total length of hospital stay before and after surgery, with preoperative time accounting for a large proportion.

Changes in the text: No changes were made for the article.

3. Comment: The authors note that intraoperative frozen sections were routinely obtained. The question is why. If there is a margin issue then perhaps an intraoperative frozen section would be helpful but I found this really necessary for thymectomy given the scope of resection. Thymomas are hard to speciate on frozen and I am not sure that would really affect your operative plan.

Reply: As Reviewer suggested that Thymomas are hard to speciate on frozen and the result of frozen sections would really affect your operative plan. The thoracoscopic surgery for thymoma will adopt different surgical methods based on the different intraoperative frozen section results. If the frozen pathology results indicate malignancy type for thymoma, the surgical approach will involve complete resection and cleaning of the mediastinal tissue. However, not all frozen pathology will indicate the type of

thymoma.
Changes in the text: No changes were made for the article.

4. Comment: I do think there needs to be an English reviewer for some minor grammar corrections throughout the article.
Reply: It is really true as Reviewer suggested that some minor grammar corrections should be modified.
Changes in the text: We have made correction according to the Reviewer's comments which are indicated by modification trace in the article.

Reviewer #B:
1. Comment: Major: The overview and conclusions of the paper are acceptable. However, the positioning of Table 3 within the paper is unclear. It seems to be unrelated to the primary objective and requires revision. Considering the primary objective, the analysis in Table 3 should also be applied to the single-port approach, and the superiority of the three-port approach should be discussed for easier cases, such as lesions smaller than 3 cm located on the right sided tumors.
Reply: Thanks for the reviewer's suggestions, but there is a discrepancy between the reviewer's understanding and the original intention of our article. We will retain the original form of the table3 results. We first compared the results of two different surgical methods , and then focused on introducing the 3-hole thoracoscopic surgery for thymoma, which has certain advantages to certain extent. This is the logic of this article, and we presented the results according to this. So in Table 3, the results of the 3-port thoracoscopic surgery for thymoma are detailed presented, not including the results of single port thoracoscopic surgery for thymoma. Based on the results of this article, our main conclusion is the there are no significant differences between the two surgical methods, the secondary conclusion is that 3-hole thoracoscopy for thymoma has certain advantages to certain extent.
Changes in the text: No changes were made for the article.

2. Comment: Minor: There are instances where CO_2 insufflation is referred to as "pneumoperitoneum," which needs correction. Although this paper focuses on thymectomy, it is necessary to specify the number of cases with myasthenia gravis complications. Additionally, it should be noted whether extended thymectomy was included, and if so, the number of such cases should be specified.
Reply: We have reviewed the references in the article based on the advice of experts. It is really true as Reviewer suggested that it should be noted whether extended thymectomy was included. Our research standard excluded thymoma patients with myasthenia gravis, which was not specifically stated in the methodology. We have made modifications.
Changes in the text: We have made revisions to the article based on the suggestions of the reviewers(P6,line132/P5,line 110/P2,line 36).