

Peer review file

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Reviewer A

Alaa Selman et al. described their experience and outcomes in surgical bronchiectasis management.

However, this paper did not have something novel findings. As the authors cited the paper (Ref 29), other papers already showed the efficacy and safety of surgical intervention for bronchiectasis with more patients and longer follow-up periods.

And there were 6 patients who had lung cancer with bronchiectasis, but table 1 did not include this indication for surgical management.

In addition, as these patients did not undergo surgical resection for management of bronchiectasis, I think that these patients were not eligible for this study.

Comment 1: No novel findings in this manuscript

Reply: First of all, I would like to thank both reviewers for helping us in improving our manuscript.

Personally, I would like to point out that several interesting issues were raised in our manuscript:

- Only very few reports on surgical treatment of non-cf-bronchiectasis in Western Europe do exist. The disease is (erroneously) considered as exceedingly rare, and many of our colleagues (at least in Germany) are not fully aware of it. This is especially true in surgical units. This manuscript could help us in raising awareness.
- With more than 80% of our patients undergoing minimally-invasive anatomical lung resection, we were the first group to report this form of treatment in the vast majority of our patients. Most other groups either did not report their technical approach or only occasionally performed VATS in their collective. Additionally, at least to the best of our knowledge, we were the first group to describe a case of non-intubated uniportal VATS-lobectomy in our cohort.

Comment 2: Lung cancer patients

Reply: Incidental findings of bronchiectasis in lung cancer patients are noteworthy, as there appears to be a bronchiectasis/COPD/lung cancer overlap, and incidence in these patients may be underestimated. We presented the lung cancer patients as “Other” in table 1. This has been addressed by directly labeling it differently to avoid confusion.

Reviewer B

Firstly, I would like to congratulate the authors. Unfortunately, bronchiectasis is little discussed in thoracic surgery and this paper is important for us.

I have some questions:

First of all, I would like to thank you for raising a couple of very valid points and helping us to improve our manuscript.

Comment 1: Have you performed BAL in bronchoscopy? If you performed, could you include in material and methods and comment in results.

Reply 1: Yes, preoperative BAL was performed in 22 out of 34 patients. Materials and Methods was updated accordingly (page 5, line 13-14), and the results can be found on page 7, line 08-13

Comment 2: What's the system of drainage? Water seal? Digital? How you measured the prolonged air leak?

Reply 2: We utilize a digital drainage system, the Medela Thopaz. The methods section has been updated accordingly (pp 5-6, line 28; 1-2) and now includes our institutional definition of prolonged air leak.

Comment 3: Have you performed Echo pre-operative? If you performed, it is interesting to include this data.

Reply 3: Unfortunately, we do not perform routine-echocardiography in our patients,

even those planned for extensive resection.

Comment 4: I suggest you to include some CT images or XRay.

Reply 4: Very valid point. We included a CT-scan of a patient with bilateral bronchiectasis who underwent a staged procedure (first lower lobe resection on the right side, later on left lower lobe segmentectomy) as Figure 2.

Comment 5: I suggest you to include this reference and discuss your results and them.

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Reply 5: Excellent suggestion. We updated the manuscript (p 11, line 3-10; 23-24).