

Peer Review File

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Reviewer A

The authors summarized the current problems and solutions for the ERAS protocol for lung cancer. They explained the current items in order for each sub-item. This review will be a useful resource for many readers to understand the current state of thoracic surgery.

Authors: We thank the reviewer for their supportive comments

Reviewer B

Brunelli and colleagues presented a nice summary of the symposium “Patient-centered care in thoracic care: a holistic approach” and discussed four clinically relevant topics including patient mobilization, pain management, role of chest drainage, and strategies to minimize opioid consumption. I would recommend the following changes to improve the quality of the manuscript:

* The authors are missing important intraoperative interventions that have shown to impact postoperative pain and opioid consumptions. For example: Mena et al 2021 (<https://doi.org/10.1053/j.jvca.2021.09.038>) showed potential benefits from dexmedetomidine and ketamine infusions within the ERAS context. Zorrilla-Vaca et al (<https://doi.org/10.1016/j.surg.2021.08.039>) showed sustained reductions of opioid prescriptions after ERAS implementation. Please update references using the studies mentioned above.

Authors: We thank the reviewers for this comment and suggestion

Changes: We added those references and renumbered all references accordingly

* Single chest tube practice should also be considered a opioid mitigation strategy (<https://doi.org/10.1016/j.jamcollsurg.2021.07.540>).

Authors: We thank the reviewer for this comment

Changes: we added this important reference in the relevant section

* Please describe the concept of “digital drainage system” in more detail.

Authors: We agree with this remark

Changes

We added some more details about digital drainage systems (line 205-210)

* It would be ideal to present graphical data showing the “upward trend of using

digital drainage system, among respondents”. Please provide percentages? Was it significant? Which implications does it have in the perioperative care?

Authors: We appreciate the reviewer point and requests. Unfortunately the number of respondents in the two surveys were few (less than 100) and obviously not the same which make the comparison between the two surveys unreliable.

Changes: As a consequence we decided to remove the paragraph about the observed trend in the post-symposium surveys.

* The authors mentioned the possibility of omitting chest tubes. I would comment more on which patients might be candidates for zero chest tubes after thoracic surgery.

Authors: We thank the reviewer for this remark

Changes: we added a comment on this practice (line 220-221)

* Page 12, line 242. Please add reference to support the following statement: “[...] a recent ESTS survey”

Authors: We thank the reviewer for spotting this

Changes: We added the reference and renumbered the others accordingly

Reviewer C

Well written paper that summarizes an online symposium held in Jun22, 2021. Although I have not attended this meeting, I get a clear picture of the talks that highlight ERAS topics from different fields of medical sciences. All speakers highlight the importance of the findings summarized in the European ERAS guidelines. For a European reader the presentation 3 delivers a better understanding of the opioid crisis in the US and its influence on the pain component of the ERAS protocol.

Authors: We thank the reviewer for their supportive comments

Reviewer D

Excellent presentation from expert in the field. Very informative and precise.

Authors: We thank the reviewer for their supportive comments