

## Peer Review File

Article information: <https://dx.doi.org/10.21037/jtd-22-52>

### Reviewer A

The authors present a thoughtful editorial on the accompanying manuscript. There are some minor comments that will improve the paper.

**Comment 1.** Line 36 - "theoretical factors that precludes to a technical success of TB ..." - the word preclude means prevent, but the rest of the sentence lists the characteristics that enable/allow TB to be successful. Suggest changing preclude to enable/allow/facilitate, etc.

*Reply 1. We have made the following changes: The empirical and theoretical factors allowing for*

**Comment 2.** Line 48 - "Though, there is still a significant difference ..." As this is a new topic sentence for a new paragraph, I would suggest changing this to "However, there ..." to give better sense on contrast to the prior paragraph

*Reply 2. We have replaced "though" by "however" in the manuscript*

**Comment 3.** Line 50 - "whilst the symptoms..." change to "while the symptoms"

*Reply 3. Change has been done accordingly*

**Comment 4.** Line 74 - what is meant by grade? Please clarify is this term could represent numerous things.

*Reply 4. Grade is indeed confusing and has been replaced by "TNM stage"*

**Comment 5.** Line 48-79 - there are multiple discrete thoughts/comments here, but it reads as one long paragraph that is at times rambling and disjointed. Suggest breaking this up into multiple paragraphs each focusing on the discrete ideas mentioned.

**Reply 5.** *We have broken the long paragraph into multiple shorter ones.*

**Comment 6.** Conclusion - as this is an editorial commentary, it would be appropriate to refocus the final paragraph on the manuscript to explain how this paper adds to the field in addition to the future steps and directions mentioned.

**Reply 6.** *We have changed the conclusion into: “In conclusion, thanks to Freitas et al (1), some questions regarding predictors of technical success of TB in MCAO have now found answers in a prospective way, but many other prospective studies need to be performed to answer all the remaining questions related to the clinical success, improvement in quality of life, the timing of TB in the multimodal oncologic management, and to the identification of the characteristics of the gold responding patients.”*

## **Reviewer B**

**Comment 1.** Nice editorial. In lines 57 - 64 you describe dyspnea scenarios in patients with atelectasis due to obstructed airways. I would add that an atelectatic (collapsed) lung can produce significant intrapulmonary shunt. In tumor patients we see failures of the hypoxic vasoconstriction (Euler-Liljestrand reflex) leading to severe hypoxemia, not responding to supplemental oxygen. Even partially opening these lungs can tremendously improve shortness of breath.

**Reply 1.** *We have added the following sentences in the manuscript: Complete atelectasis of a lung can produce significant intrapulmonary shunt. In case of failure of the hypoxic vasoconstriction (Euler-Liljestrand reflex), severe hypoxemia can be observed that do not respond to supplemental oxygen. Even a partial re-opening of these lungs can tremendously improve dyspnea.*