Peer Review File

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Review A:

We would like to congratulate the authors on their study entitled: "Thoracic surgery in Israel". Please find our comments below.

Comment 1: Abstract:

Chest wall, diaphragm et cetera should not be written with a first capital. This is also true for different words in the entire manuscript, including Thoracic and so on. Please adjust.

Reply 1: Thank you very much for your comment. This was corrected along the whole manuscript.

Comment 2: Body

Does the Israeli government intend to centralize (cardio)thoracic surgical care?

Reply 2: Thank you for the opportunity to clarify this point. There is no national intent to centralize Thoracic surgical care at the moment.

Though discussions are held at the Israeli Medical council to centralize major surgeries (not just in Thoracic surgery). This was discussed in the challenges section [Page13, Line 372-374].

Comment 3: *What are the future perspectives, given that there are 16 centers with few of them being grouped in low-population-density regions?*

Reply 3: There are no future perspective and national intent to centralize Thoracic surgical care at the moment.

Though discussions are held at the Israeli Medical council to centralize major surgeries (not just in Thoracic surgery). This was discussed in the challenges section [Page13, Line 372-374].

Comment 4: *Are there so-called centers of expertise/excellence, in other words, tertiary referral centers for (cardio)thoracic surgery?*

Reply 4: Thank you for your comment.

Some of the major thoracic surgery departments in Israel which are regarded as tertiary referral centers and are accepting referrals from hospital lacking Thoracic surgery services, or from smaller units that are lacking the expertise in certain type of surgeries (for example- Mesothelioma or Esophageal surgery). This was added to the text [Page 4, Line 107-111].

Comment 5: *Could you elaborate on the multi-disciplinary tumor conferences as these may be interesting for other countries who do not facilitate such meetings*.
Reply 5: Thank you for your comment. The importance of multi-disciplinary tumor conferences was highlighted in multiple places in the text. [Page 5, Line 133-138, Page 9, Line 253-254, 267-278, Page 10, 292-298, Page 12, Line 334-336].

Comment 6: *Are there any plans to universally mandate CME?*
Reply 6: thank you for your comment. There is no Universally mandate for CME nor recertification exam in Israel. This was discussed in the text, and we expanded this further following your comment. Thank you. [Page 6, Line 165-167].

Comment 7: *Is there a specific reason to separately present numbers on for example incidence for Arabic and Jewish patients?*
Reply 7: Like every public health authority, the ministry of health is studying and reporting on different diseases incidence and prevalence in the major Israeli sub populations.

Comment 8: *Could you elaborate more on lung cancer screening in comparison to other countries?*
Reply 8: Thank you for your comment. Unfortunately, the Israeli lung cancer screening program is still not established, though a pilot program was started recently. We don't have enough data to compare the Israeli program to other countries.

Comment 9: *Are chest wall deformities such as pectus excavatum and carinatum also treated by thoracic surgeons? Or are these conditions not treated at all in Israel?*
Reply 10: Thank you for pointing this out. Thoracic surgeons in Israel are taking care of such deformities. This was added to the text. [Page5, Line 119-120].

Comment 10: *What are specific things we can learn from Israel? In other words, what are subjects of interest or excellence? Or in other words, what is the thoracic surgical community of Israel most proud of?*
Reply 10: Thank you for your comment.
During its 74 years, Israel has developed modernized health care system which provides state of the art, affordable health care to its population. Thoracic surgery in Israel is part of this system. This was highlighted in the text in the Introduction, overview of the Israeli health care system, and conclusion.

Review B:

C moment 1: Drs. Wiesel and co-authors present a current review of the conditions of practice for thoracic surgeons in Israel. They have collected from a multitude of sources relevant information. We learn from individual facts and numbers, but also from personal impressions and interpretations. Contributing these latter elements to their review is not only permitted, but essential to the interest of colleagues across the world.
Above all, the challenge expressed by the authors relates to the multitude of centers with interest in thoracic surgery, the low country-wide incidence of thoracic disease and the resulting low annual case numbers of individual thoracic surgeons. There seems to be a hidden appeal in this review to a national authority, to limit overall center numbers and support centralization of disease management. This review would gain from greater depth in the discussion of this aspect, difficult as it may be to express and publish. All of us would like to see centralization of thoracic disease management, and all of us like to work in the supported center but, alas, not all of us do.

Do the authors know of long-term solutions that would permit current thoracic surgeons to continue their practice but restrict number and location of future thoracic surgeons? Could they express their opinion clearly?

Reply 1: Thank you for this excellent comment. During the past 74 years since established, and although Israel is a small country with relatively small number of inhabitants, the Israeli health care system was built to give rapid access with as many services as possible to the patients in need near their residence place. The concept of many centers instead of large regional centers was the cornerstone of establishing many services within short distance compared to larger countries. We are not aware of long-term solution that would restrict the number of centers where thoracic surgery services is provided. There are many voices that would favor centralizing services in large centers versus other that would favor providing care in smaller centers of excellence within short distance. As this was an invited overview of thoracic surgery in Israel, we favored expressing the national data rather the authors opinion.

Comment 2: *Related to this topic is the question of collegiality within a region of unrest and war. To whom feel thoracic surgeons in Israel connected, where do they publish and which meetings do they attend?*
Reply 2: Thoracic surgeons in Israel are part of the major international societies such as the AATS, STS, ESTS among other societies. Scientific manuscript and presentations are being accepted in all kinds of international conferences based on their scientific contribution.

Comment 3: The authors mention the collective diseases that are treated by thoracic

surgeons; these diseases, listed on more than one place within the manuscript, are important only to the extent they are different from other countries and regions. For example, the treatment of esophageal cancer seems different in that squamous carcinoma dominates adenocarcinoma, a situation similar to Iran, China and Southern Africa, rather than Western industrial societies. *Do general surgeons "own" esophageal cancer, or is there also competition between thoracic and general surgeons?*
Reply 3: Thank you for your comment. following your comment, we added an emphasis on the uniqueness of Esophageal cancer in Israel. [Page 10, Line 289-290]. Similar to other countries in the world, esophageal surgery in Israel is shared between thoracic and general surgeons. [Page 10, Line 301-302].

Comment 4: In lung cancer, as another example, Israel has not yet seen the shift in incidence from predominantly male to majority female as observed in the US and China. *Could the authors speculate why not?*
Reply 4: Thank you for this excellent comment. as Israel is immigrant country with multiple ethnic sub-populations, there are ongoing demographic studies trying to elaborate on this type of diversities. This was an invited article summarizing the state of Thoracic Surgery in Israel and hence is not intended to be a scientific manuscript.

Comment 5: *As another example in thoracic surgical treatment of trauma, could the authors describe to what extent thoracic surgeons contribute to trauma surgery within the various trauma centers?*
Reply 5: Thoracic surgeons are treating isolated thoracic trauma while multi-trauma casualties are treated by acute care surgery-based trauma teams with the help of thoracic surgeons. All thoracic surgeons in Israel are contributing to trauma surgery in their centers. In cases where there is no thoracic surgery services, the patient is first stabilized and treated by the general surgery trauma care teams and then transferred to a center where thoracic surgery service is available. This was added in the text [page 5, Line 125-129].

Comment 6: A further editorial review by the authors would benefit the reader who may be astonished to understand that while the proportion of the over 65 year old in Israel is only half that of central Europe, its population seems to be "ageing rapidly" [I confess to have noted the same in myself even though I live outside Israel]. While the authors have all the information, its presentation may be improved.
Reply 6: Thank you for your comment. This was an invited article summarizing the state of Thoracic Surgery in Israel and hence is not intended to be a scientific manuscript.

Comment 7: Also, while I dream of thoracic surgery in capital letters, I suggest using throughout either capital letters for both words as in “Thoracic Surgery” or no capitalization as in “thoracic surgery”; a common principle should be recognizable.
Reply 7: thank you for pointing this out. This was corrected along the manuscript.