Peer Review File
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First-Round Peer Review

Reviewer A

Comment 1: This was a very interesting study evaluating a new surgical approach for segmentectomy. The authors should be congratulated for reporting their series of 510 patients who underwent segmentectomy and describing their novel surgical approach.
Reply: The authors would like to express our sincere gratitude to reviewer A for your careful reading and insightful comments to our manuscript.

Reviewer B

You present results of Segment 9 or 10 resection by video-assisted thoracoscopic or robotic approach. The segmentectomies were performed with preparation through pulmonary ligament or pulmonary fissure.

I agree with the statement that resection of Segment 9 and 10 are demanding and the decision to exclude patients after Seg-6-resection and basalectomy was comprehensible. Otherwise, the opinion that these types of resections are the most difficult is subjective.
To divide the group in VATS and RATS was not expedient, because the number of RATS procedures was very low.
The approach through pulmonary ligament or interlobar fissure is not that innovative and was presented for different types of resection with other denotation. However, the 3-D imaging preoperatively, developed in Tokyo, is novel, but was described earlier and in this publication you focus on surgical approach.
Nevertheless, the results after thoracoscopic segment-9 and 10 resection are satisfactory and worth publication.

There are few annotations:
Comment 1: Follow up method and period is not clear. Patients operated in the year

2020 have less than 2 years follow up.

Reply: As suggested by the reviewer, we have added the following sentences in the Methods section of the revised manuscript. As suggested by the reviewer, there is a difference of the median follow-up in both groups. Therefore, the authors excluded the data of recurrence in the Discussion section of the revised manuscript.

Change in the text, Page 7, Line 101-103 (Methods)

After the operation, measurement of tumor markers and chest X-ray were performed every month, and chest CT scans were performed at least once every 6 months.

Comment 2: Thus there is a limitation in the statements about local recurrence.

Reply: As suggested by the reviewer, there is a limitation in the statements about local recurrence. As suggested by another reviewer (reviewer D), there is a difference of the median follow-up in both groups. Therefore, the authors excluded the data on recurrence in the Discussion section of the revised manuscript.

Comment 3: It's recommended that the postoperative lung functions are shown in the tables.

Reply: In some cases, postoperative pulmonary function was not performed, resulting in sparse data that cannot be presented in this study.

Comment 4: It is your personal presumption that the segmentectomies in the study are the most difficult. This statement should be attenuated. (Lines 30 and 65)

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 3, Line 29-31 (Abstract)

Hence, we have presented the relatively anatomically challenging thoracoscopic segmentectomy, for the resection of the lateral basal segment, the posterior basal segment, and both segments through the PL as a PL approach.

Change in the text, Page 5, Line 64-65 (Introduction)

We have presented the relatively difficult thoracoscopic segmentectomy (TS),

Comment 5: Is the fluorescence navigation used in all patients, it is not clear. (Line 150)

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 10, Line 154-156 (Methods)
An intravenous injection of indocyanine green was administered, and observation under fluorescence navigation revealed intersegmental planes since 2018.

Comment 6: Is there any conclusion you draw from difference in DLco? It seems to be important.
Reply: As suggested by the reviewer, we also think it is important. As suggested by the reviewer, we corrected it in the revised manuscript.
Change in the text, Page 15, Line 244-246 (Discussion)
A significant difference was found in the %DLco between the two groups. No significant difference between the two groups in terms of comorbidities was observed, but patients in the IF group had comorbidities such as anemia and pulmonary disease.

Comment 7: Literature explaining Clavien-Dindo classification is not mentioned. Please add to the references. (Line 183)
Reply: As suggested by the reviewer, we added to the references.
Change in the text, Page 12, Line 192 (Results) and Page 21, Line 345-347 (References)
11. Dindo D, Demartines N, Clavien PA. Classification of surgical complications: A New Proposal With Evaluation in a Cohort of 6336 Patients and Results of a Survey. Ann Surg 2004; 240: 205-13

Comment 8: In lines 194 to 201 it is not clear which group is meant.
Reply: As suggested by the reviewer, we corrected it in the revised manuscript.
Change in the text, Page 13, Line 201-208 (Results)
In RATS, the median FVC, $FEV_{1.0}$, $\%DL_{CO}$, chest tube duration, and postoperative hospital stay were 2.80 L (range: 2.03–3.94 L), 2.36 L (range: 1.55–3.01 L), 58.5% (range: 56.1%–80.8%), 4 days (range: 3–7 days), and 8.5 days (range: 8–11 days), respectively. A patient developed paroxysmal atrial fibrillation, which was considered a postoperative complication. The median maximal tumor diameter was 16 mm (range: 3–20 mm). The tumor histology was lung cancer in 1 and metastatic lung tumor in 3 patients. No 30-day and 90-day mortalities and complete resection of target tumor were reported.

Comment 9: The Video description for the link on page 26 doesn't mention which side is presented.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 30, Line 447-449 (Video legends)

Video 1. A concept video of thoracoscopic segmentectomy of the lateral basal segment, the posterior basal segment, or both segments performed using a pulmonary ligament approach.

Comment 10: In table number 4 the lung function are written without values.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 27, Table 4

Comment 11: Lines 235 and 236 should be rewritten. They are not comprehensible.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 15, Line 240-243 (Discussion)

As the TS using the PL approach is not performed for the interloper separation, the surgical manipulation is considered easy during the ipsilateral second and more surgeries after the surgery.

Comment 12: The text should be revised. Several paragraphs need to be inserted for better understandability.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, the paragraphs were inserted in Page 9, Line 133 (Methods) and Page 15, Line 244 (Discussion)

Reviewer C

They performed a retrospective comparative study, in patients treated for S9, S10 or S9+S10 segmentectomy, either with pulmonary ligament approach (PL group, n=41) or fissure-based approach (IF group, n=44).

My comments are below:

Comment 1: English is ok.

Reply: Thank you for your comment.

Comment 2: Objective of the study should be clearly stated in the manuscript. What is the main judgment criterion? Is it a feasibility study? Authors exposed preoperative imaging reconstruction, then discuss surgical strategy, and there is no solid comparison made between the two groups. Please clarify.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 3, Line 31-35 (Abstract)

This study aimed to retrospectively examine the lung lower lobe segmentectomy, excluding the superior and basal segments (from S7 to S10), using the PL approach as an option for treating the lower lobe tumors of the lung and compared its efficacy with the interlobar fissure (IF) approach.

Change in the text, Page 5, Line 68-71 (Introduction)

This study retrospectively examined to determine whether performing lung lower lobe segmentectomy, excluding superior segment (S6) and basal segments (from S7 to S10), using the PL approach could be an option for treating the lower lobe tumors of the lung and compared its efficacy with the interlobar fissure (IF) approach.

Comment 3: Several mandatory data are lacking. If authors are comparing two surgical approaches (PL vs IF) in anatomical pulmonary resection and lymphadenectomy for NSLSC (although more than 50% of cases are not related to NSCLC), there is an absolute need to have the following data to compare the approaches: surgery duration, intraoperative bleeding, number of lymph node harvest, number of N1 (intra-pulmonary and hilar, ideally labelled as station such as 11L, 12L…), the existence of R0(un) (uncertain resection)...

Reply: As suggested by the reviewer, we added it in the revised manuscript.

Change in the text, Page 12, Line 181-184 (Results)

The median operation times were 215 (118–404) and 173.5 (110–276) minutes in the PL and IF group, respectively, and the median estimated blood losses were 15 (2–332) and 10.5 (2–105) mL, respectively. A significant difference was found in the operation duration between the two groups.

Change in the text, Page 13, Line 207-208 (Results)

No 30-day and 90-day mortalities and complete resection of target tumor were reported.

Change in the text, Page 15, Line 247-252 (Discussion)

The operation time was significantly longer in the PL group than in the IF group, because the IF group included approximately 50% bilateral S8 segmentectomy. There was a difference in the difficulty of the segmentectomy performed in the two groups. Additionally, the IF group was operated by the qualified surgeons, whereas the PL group were operated by surgeons, including trainees, who were performing segmental resection for the first time.
Change in the text, Page 26, (Table 3)

Comment 4: Authors included 26/44 patients (59%) of S7 and/or S8 segmentectomy in the IF group, while there is no patient (0%) with S7 and/or S8 segmentectomy in the PL group (only one patient with S8/S9). This means authors are comparing different segmentectomy between the two groups in the majority of cases. Are those procedures comparable? This is a bias. Please comment on that.
Reply: As suggested by the reviewer, we added it in the revised manuscript.
Change in the text, Page 17, Line 281-282 (Discussion)
Furthermore, as no patient underwent S7 and/or S8 segmentectomy in the PL group, there was a bias between the two groups.

Comment 5: Regarding pathology. More than half of the surgeries are performed in the field of secondary lung tumor (metastasis), with 51.2% of case in PL group and 56.8% in IF group. Others cases are represented by NSCLC. The cohort is heterogeneous, which is not a problem for a “surgical” feasibility study, but limits the “oncological” conclusions regarding NSCLC local recurrence.
Reply: As suggested by the reviewer, we removed the following sentences from the manuscript.
Remove in the text, Page 16, Line 255-258 (Discussion)
One of the key issues in performing sublobar lung resection of malignant lung tumors is the oncological outcome. No significant differences were found in the local recurrence between the two groups. Segmentectomy through a PL approach is considered one of the good surgical techniques for lung tumors of S9 or S10.

Comment 6: I don’t see the utility of table 4. Also, there are data missing in this table, as no data are reported for pathology.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.
Change in the text, Page 27, Table 4

Comment 7: Sample size is small, groups are heterogeneous (different segmentectomies, both NSCLC and metastasis). In my opinion, comparison is not interpretable in this study.
Reply: As suggested by the reviewer, we added it in the revised manuscript.
Change in the text, Page 17, Line 281-282 (Discussion)
Furthermore, as no patient underwent S7 and/or S8 segmentectomy in the PL group, there was a bias between the two groups.

Reviewer D

In this article, Mitsuboshi et al. undertake a retrospective review of lower lobe segmentectomies, excluding superior segmentectomy (S6) and basal segmentectomy (S7-10), conducted via video-assisted or robotic-assisted thoracoscopic surgery. They compare rates of complications and local recurrence in 41 patients who underwent such segmentectomies via a pulmonary ligament approach to 44 patients who underwent segmentectomy via the interlobar fissure approach. They ultimately find no significant differences in outcome between the two approaches, suggesting that the novel pulmonary ligament approach is a safe and feasible option for the more technically challenging segmentectomies of the lower lobes of the lung.

The authors are to be congratulated for evaluating a novel technique to perform complex segmentectomy. The following comments are intended to improve the impact and quality of this paper.

Comment 1: In the title of their article, the authors characterize their research as a case control study. However, their methodology actually describes a retrospective cohort design. Suggest to edit the title, and eliminate the reference to "case control ".
Reply: As suggested by the reviewer, we edited the title to change below, “Comparison of different approaches in complete thoracoscopic segmentectomy of lung lower lobe”.
Change in the text, Page 1, Line 2-3

Comparison of different approaches in complete thoracoscopic segmentectomy of lung lower lobe

Comment 2: Given that this study was not randomized, the authors should provide an explanation for how the patients were allocated to the two approaches. Was the approach selected based on surgeon preference, or did patient/tumour factor alter the choice of approach?

Reply: As suggested by the reviewer, we added it in the revised manuscript.

Change in the text, Page 6, Line 88-90

Regarding the choice of the technique, a complete lower lobe TS using the PL approach was performed in cases where PLs were detected using preoperative CT.

Comment 3: Why is there a marked difference in gender present between the 2 groups? This seems to be a difference that cannot be explained by chance alone.

Reply: To our surprise, this marked difference in gender between the two groups was pure chance.

Comment 4: One of the primary outcomes of this study was local recurrence. The authors appropriately cite their small sample size as a limitation in regards to assessing this outcome, but they should also specify how and for how long their patients were followed to ensure that local recurrences were properly captured. In addition, the median follow-up should be the same for both groups. Is that the case? Or is the pulmonary ligament approach a more recent development? If that is the case, then suggest not including data on recurrence until equivalent temporal follow-up is performed for both groups.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 7, Line 101-103 (Methods)

After the operation, measurement of tumor markers and chest X-ray were performed every month, and chest CT scans were performed at least once every 6 months.

As suggested by the reviewer, there is difference of the median follow-up both groups. Therefore, the authors excluded the data of recurrence in the the revised manuscript.

Comment 5: The authors should emphasize why they are pursuing development of the

pulmonary ligament approach. The benefits of this approach compared to the interlobar fissure approach were not well elucidated in this paper. If the goal is a simpler operative approach, reporting on the operative times for each approach may be of interest. A clear and concise definition of both approaches should be included in the paper, as well as the abstract (see comments below). It appears that the distinction between the two reflects how you initiate the procedure, yet the critical differences between the two techniques are not adequately clear.

Reply: As suggested by the reviewer, we added it in the revised manuscript.

Change in the text, Page 12, Line 181-184 (Results)

The median operation times were 215 (118–404) and 173.5 (110–276) minutes in the PL and IF group, respectively, and the median estimated blood losses were 15 (2–332) and 10.5 (2–105) mL, respectively. A significant difference was found in the operation duration between the two groups.

Change in the text, Page 15, Line 247-252 (Discussion)

The operation time was significantly longer in the PL group than in the IF group, because the IF group included approximately 50% bilateral S8 segmentectomy. There was a difference in the difficulty of the segmentectomy performed in the two groups. Additionally, the IF group was operated by the qualified surgeons, whereas the PL group were operated by surgeons, including trainees, who were performing segmental resection for the first time.

Change in the text, Page 26, Table 3

Specific comments: The abstract could be edited to remove unnecessary words. In addition, the abstract lacks relevant data regarding postoperative complications. In addition, there is no definition the pulmonary ligament approach within the abstract. Many readers will not know what this is, and it needs to be defined in the abstract. Finally, on line 30, the word "difficult" should be replaced with "anatomically challenging".

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 3, Line 26-52 (Abstract)

Background: Safe and oncologically acceptable segmentectomy outcomes were reported for early-stage lung cancer. The high-resolution computed tomography allowed us to find detailed structures inside the lungs, such as the pulmonary ligaments (PLs).

Hence, we have presented the relatively anatomically challenging thoracoscopic segmentectomy, for the resection of the lateral basal segment, the posterior basal segment, and both segments through the PL as a PL approach. This study aimed to retrospectively examine the lung lower lobe segmentectomy, excluding the superior and basal segments (from S7 to S10), using the PL approach as an option for treating the lower lobe tumors of the lung and compared its efficacy with the interlobar fissure (IF) approach. The characteristics of the patients, intra- and postoperative complications, and surgical outcomes were analyzed.

Methods: Of the 510 patients who underwent segmentectomy for malignant lung tumors from February 2009 to December 2020, 85 were included in this study. Among them, 41 underwent a complete lung lower lobe thoracoscopic segmentectomy, excluding S6 and basal segments (from S7 to S10), using the PL approach, and the remaining 44 used the IF approach.

Results: The median age in 41 patients in the PL group was 64.0 years (range, 22–82 years), and that in 44 patients in the IF group was 66.5 years (range of 44–88 years), with significant differences in gender between these groups. Video-assisted thoracoscopic surgery and robot-assisted thoracoscopic surgery were performed on 37 and 4 patients in the PL group and 43 and 1 patient in the IF group, respectively. Postoperative complication frequency was not significantly different between these groups. The most common complication were the air leaks that persisted for over 7 days in 1 and 5 patients in the PL and IF groups, respectively.

Conclusions: Complete thoracoscopic segmentectomy of the lower lobe, excluding S6 and basal segments, using the PL approach is a reasonable option for lung lower lobe tumors compared with the IF approach.

Comment: The last sentence of the background (lines 32-35) should state explicitly that the authors intend to compare the two surgical approaches in regards to intra- and postoperative complications and local recurrence.

Reply: As suggested by the reviewer, we added it in the revised manuscript.

Change in the text, Page 3, Line 35-36 (Abstract)

The characteristics of the patients, intra- and postoperative complications, and surgical outcomes were analyzed.

Comment: In the introduction, the authors refer to the STROBE checklist (line 72). While most readers will know what this is, the acronym should nonetheless be defined as Strengthening The Reporting of OBservational Studies in Epidemiology.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 5, Line 71-73 (Introduction)

We present the following article as per the Strengthening the Reporting of Observational Studies in Epidemiology reporting checklist.

Comment: In the first sentence under the heading "patient selection," there is a closed parenthesis without an open parenthesis (line 77).

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 6, Line 77-80 (Methods)

After the approval by the Research Ethics Committee of Tokyo Women's Medical University (numbers: 4988 and 5363), the study retrospectively reviewed the institution's medical records. Informed consent was obtained from all patients, and patient anonymity was preserved.

Comment: Line 94: this should refer to the 8th Edition of the AJCC TNM classification for lung cancer.

Reply: As suggested by the reviewer, we added it in the revised manuscript.

Change in the text, Page 7, Line 96 and Page 20, Line330-332 (References)

6. Rami-Porta R, Asamura H, Travis WD, et al. Lung cancer - major changes in the American Joint Committee on Cancer eighth edition cancer staging manual. CA Cancer J Clin 2017;67:138-55.

Comment: Line 103 refers to their 3D reconstruction software as "homemade," which is probably not quite accurate. This is better referred to as "software made in house" or "our proprietary software."

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 7, Line107-111 (Methods)

This allows software made in-house (CTTRY, Tokyo Women's Medical University, Tokyo, Japan) to create a patient-specific virtual 3-D lung model on a personal computer before the thoracoscopic surgery, and the 3-D lung model was used as

navigation during segmentectomy (Figure 2) (7-10).

Comment: The sentence that starts on line 217 does not make sense as written. This should probably read, “Sublobar lung resection, such as segmentectomy and subsegmentectomy, is intended to extirpate irreversible diseases with minimal loss of functional lung tissue.”

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 14, Line224-225 (Discussion)

Sublobar lung resection, such as segmentectomy and subsegmentectomy, is intended to extirpate irreversible diseases with a minimal loss of functional lung tissue.

Second-Round Peer Review

Reviewer B

Comment 1: You’ve spent a lot of effort in preparing the first manuscript as well as the detailed revision.

You looked after all annotations and made detailed changes in the whole manuscript.

I support the publication in Journal of Thoracic Disease.

Reply: The authors would like to express our sincere gratitude to reviewer B for your careful reading and insightful comments to our manuscript.

Reviewer C

Authors revised their manuscript following the comments of 4 reviewers.

My comments are below:

Comment 1: The objective is now stated in the abstract and introduction ("This study retrospectively examined to determine whether performing lung lower lobe segmentectomy, [...], using the PL approach could be an option for treating the lower lobe tumors of the lung and compared its efficacy with the interlobar fissure (IF) approach."). Firstly, the sentence is incorrect. Secondly, while the authors exposed their aim to "determine PL approach as an option for treating lung tumor" and "comparage its efficacy with IF approach", they don't really explain how they decided to evaluated

these parameters. What is the main judgment criteria? The objective is mixed and unprecised. Please clarify. Please comment on that.

Reply: As suggested by the reviewer, we corrected it in the revised manuscript.

Change in the text, Page 3, Line 31-35 (Abstract)

This study aimed to retrospectively examine the lung lower lobe segmentectomy, excluding the superior and basal segments (from S7 to S10), using the PL approach as an option to treat the lower lobe tumors of the lung. We then compared the efficacy of the PL approach in terms of safety with the interlobar fissure (IF) approach.

Change in the text, Page 5, Line 68-73 (Introduction)

In the present study, retrospective examinations were performed to determine whether performing lung lower lobe segmentectomy, excluding superior segment (S6) and basal segments (from S7 to S10), using the PL approach could be an option to treat the lower lobe tumors of the lung and its efficacy was compared in terms of safety with the interlobar fissure (IF) approach. The 30- and 90-day mortality and complications were evaluated in terms of safety.

Change in the text, Page 17, Line 273-275 (Discussion)

As the frequency of 30- and 90-day mortality and complications showed no significant intergroup differences, the TS using the PL approach was performed to ensure safety.

Comment 2: I appreciate that operative time was added as requested. The PL technique is associated with a significant longer surgery duration (215 vs 173min). Efficacy seems lower in my opinion regarding this data, as a mean extended surgery duration of 42 minutes is probably an issue in this field. Authors suggest the fact that PL approach segmentectomy have been performed by trainee surgeon, and IF approach by senior surgeon, which is a bit light as a justification in my humble opinion.

Reply: As suggested by the reviewer, we added it in the revised manuscript.

Change in the text, Page 16, Line 266-270 (Discussion)

During the introduction phase of the TS of the PL approach, the operation time was longer because it was a surgical procedure that had not been performed before; however, the operation time has gradually decreased with experience. Indeed, the median operation time for the first and last 10 cases of the PL group in VATS were 237.5 minutes and 188 minutes, respectively.

Comment 3: Data regarding lymphadenectomy and surgery quality metrics were requested (reviewer C comment 3). Unfortunately, this part of the comment 3 in unanswered.
This is a serious limit, as quality of lymphadenectomy is a major criteria when assessing technical aspects in lung cancer surgery.
Reply: As suggested by the reviewer, we added it in the revised manuscript.
Change in the text, Page 9, Line 130-131 (Methods)
Lower lobectomy was converted if the local lymph nodes were positive for metastasis on intraoperative frozen section diagnosis.
Change in the text, Page 10, Line 161-164 (Methods)
After removing the resected lung segments from the thoracic cavity, the remaining lower lobe of the lung was pulled toward the sternum. Lymph nodes at levels 7, 11, and 12 were dissected after making a mediastinal pleural incision cranially along the bronchi from the bronchial stump.
Change in the text, Page 13, Line 206-208 (Results)
Lymph node dissection in primary lung cancer was 1a in 6, 1b in 7, and 2a-1 in 7 patients in the PL group, and 1a in 7, 1b in 10, and 2a-1 in 2 patients in the IF group.
Change in the text, Page 18, Line 296-297 (Discussion)
In this study, lymph nodes at levels 7, 11, and 12 were dissected in the PL group.
Change in the text, Page 27, Table 3.

Comment 4: Regarding previous comment 4 from reviewer C "Authors included 26/44 patients (59%) of S7 and/or S8 segmentectomy in the IF group, while there are no patient (0%) with S7 and/or S8 segmentectomy in the PL group (only one patient with S8/S9). This means authors are comparing different segmentectomy between the two groups in the majority of cases". Authors answered with a change in the text : "Furthermore, as no patient underwent S7 and/or S8 segmentectomy in the PL group, there was a bias between the two groups.". Thus, comparison of two differents techniques, from different operators (trainee vs surgeon), is made in different type of segmentectomies? No tangible conclusion can be draw from such methodology.
Reply: As suggested by the reviewer, we added it in the revised manuscript.
Change in the text, Page 14, Line 219-221 (Results)
Table 5 showed the comparison of two groups excluding the patient who underwent

medial basal (S7) and/or anterior basal (S8) segmentectomy. No significant intergroup differences were noted in terms of the surgical outcomes between two groups.
Change in the text, Page 16, Line 262-263 (Discussion)
No significant differences were found in the operation time between two groups excluding the patient who underwent S7 and/or S8 segmentectomy.
Change in the text, Page 30, Table 5.

Comment 5: Cohort is "only" 85%, with around 50% of cases in the field of primary lung cancer. Also, follow-up is not long enough in some cases. Thus, recurrence free survival estimates are biased and not uninterpretable.
Reply: As suggested by the reviewer, we added it in the revised manuscript.
Change in the text, Page 7, Line 102-103 (Methods)
Local recurrence was defined as tumor progression within the ipsilateral hilum or mediastinum.
Change in the text, Page 13, Line 208-209 (Results)
Local recurrence was observed 1 (2.4%) and 4 (9.1%) patients in the PL and IF groups, respectively.
Change in the text, Page 17, Line 276-279 (Discussion)
One of the key issues in performing sublobar lung resection of malignant lung tumors is the oncological outcome. No significant differences were found in the local recurrence between the two groups. Segmentectomy through a PL approach is considered one of the good surgical techniques for lung tumors of S9 or S10.
Change in the text, Page 19, Line 308-310 (Discussion)
Local recurrences were biased because of approximately 50% of cases in the field of primary lung cancer and insufficient follow-up period in some cases.

Reviewer D

Comment: The authors of responded to my suggested edits, and I have no further suggestions for editing.
Reply: The authors would like to express our sincere gratitude to reviewer D for your careful reading and insightful comments to our manuscript.