

Peer Review File

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Response to Reviewer A

Comment 1: Although I read the article many times, I could not understand which VTE events you included in your study.

Reply 1: Postoperative VTE was defined as either deep vein thrombosis (DVT) or pulmonary embolism (PE).

Changes in the texts: No changes.

Comment 2: When exactly patients were evaluated for VTE? According to VTE events using imaging techniques within 1 week before and after surgery or according to VTE events that developed during the hospitalization after surgery? If only VTE events at the postoperative 1st week were included in the study, it should be explained why only this period was taken. However, if VTE events during hospitalization after surgery have been included in the study, what were the median follow-up times for all patients, for VTE groups, for non-VTE groups and were median follow-up times between two groups similar?

Reply 2: VTE events during hospitalization after surgery were included in the study. We have not analyzed the median follow-up times for all patients, but we have analyzed the time of patient confined to bed after surgery between VTE groups and non-VTE groups. The time of patient confined to bed was longer in VTE groups than non-VTE groups ($P < 0.001$).

Changes in the texts: All of the included patients were examined for VTE using imaging techniques within 1 week before surgery. Postoperative patients were examined for VTE before discharge.

Comment 3: It was not appropriate to give statistical information in the discussion.

Reply 3: we have modified our text as advised.

Changes in the texts: Line 211: In the studied cohort of patients, we observed that the incidence of VTE after lung resection was 10.5%.

Line 222: We found evidence of an association between the risk of VTE and age.

Comment 4: How long was the long-term bedridden time?

Reply 4: stay in bed \geq 1 month.

Changes in the texts: Line 106: stay in bed \geq 1 month.

Comment 5: 'Patients who at low/moderate risk will accept mechanical prophylaxis. Patients with or without high bleeding risk who at high risk will accept mechanical prophylaxis or LMWH.' What were the rates of patients who accept mechanical prophylaxis or LMWH? Was there a significant difference between two groups?

Reply 5: All patients accept mechanical prophylaxis. There was a significant difference at moderate risk between VTE and non-VTE groups, while the results showed no difference at

high risk between VTE and non-VTE groups.

Characteristic	VTE group (n=55)	Non-VTE group (n=497)	P value
Moderate risk (5–8)			
LMWH	13	186	0.043

Characteristic	VTE group (n=8)	Non-VTE group (n=18)	P value
High risk (≥ 9)			
LMWH	5	16	0.134

Changes in the texts: None.

Comment 6: What were the median modified Caprini scores of VTE and non-VTE groups?

Reply 6: The median modified Caprini scores of VTE groups was 7, The median modified Caprini scores of non-VTE groups was 6.

Changes in the texts: None

Comment 7: What were the results of univariate regression analysis?

Reply 7: We show the results of univariate regression analysis at Table 2.

Changes in the texts: None.

Comment 8: BMI is divided into normal and abnormal in your analysis, but as far as is known, obesity, itself, is a well-known risk factor for VTE, so grouping for BMI should be done in more detail.

Reply 8: We thank the reviewer 's valuable suggestion. we have modified our text as advised.

Changes in the texts: Changed in Table 1 and Table 2.

Comment 9: Similarly, wouldn't it be more appropriate to exclude patients who received chemotherapy from the study, as the risk of VTE may be higher in these patients?

Reply 9: In our study, only a few of patients received chemotherapy. On the other hand, We want to make a more comprehensive analysis, so we include this part of patients.

Changes in the texts: None.

Comment 10: Moreover, length of preoperative hospitalization is also another important factor. You can include this factor into your analyses.

Reply 10: The pre-hospitalization system was implemented in our department, and most patients were officially admitted after completing all examinations, and then received surgical treatment the next day, so we did not include the duration of preoperative hospitalization.

Changes in the texts: None.

Response to Reviewer B

Comment 1: It is not clear if, after surgery, all patients were under VTE mechanical or pharmacological prophylaxis, or both. What was the criteria for this decision? Did it have any

impact in the VTE occurrence?

Reply 1: All patients were under VTE mechanical prophylaxis, and some of them accept pharmacological prophylaxis. According to bleeding risk, we will decided whether use pharmacological prophylaxis. We want to analyse the occurrence of VTE in the context of standard prophylaxis. These are also measures to reduce VTE, as recommended by the guidelines.

Changes in the texts: None.

Comment 2: Even though patients under anticoagulation were excluded, aspirin and clopidogrel were accepted, therefore it would be interesting to access their impact in the incidence of VTE.

Reply 2: We thank the reviewer 's valuable suggestion. And we hope to be able to answer this question in future studies.

Changes in the texts: None.

Comment 3: It would be interesting to evaluate the impact of VTE (specifically PE) on the morbidity and mortality of this specific population, considering these patients probably already have a compromised lung function.

Reply 3: We thank the reviewer 's valuable suggestion. In future studies, we can include survival analysis and so on to enrich research contents.

Changes in the texts: None.