

Peer Review File

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Review Comments

Reviewer A

This article comprehensively reviews the histological features and the best treatment for several chest wall benign tumors. It also discusses the latest evidence on these tumors. The article can benefit thoracic surgeons in appropriately treating patients with rare benign chest wall tumors. Therefore, I believe this article is worth to be published in the Journal of Thoracic Disease.

Dear Reviewer,
thanks a lot for the time spent reviewing our manuscript.

Reviewer B

I have the following comments.

- This manuscript is clearly written but the pattern of review is difficult to read. Subheadings of each tumor type are suggested.

- Grammar correction is suggested.

Ex. Page 1 line 23 in some cases,

- The figure should be clearly mentioned in full text such as Lipoma (Fig. 1a) instead of only Fig.1

- Thoracic imaging of each type of tumor should be demonstrated in this review. There are only two chest imagings in this review

- A summarized table of tumors' characteristics of each type is recommended to be placed in this review, such as the location of tumor, patients' character, pathophysiology, chest imaging, and treatment, etc.

- Line 67-69 Epidemiologically, there is..... -> References are needed.

- Line 169-174 References are suggested to cite in this article.

Dear Reviewer,
thanks a lot for reviewing our manuscript and for your comments which helped us to improve the quality of the paper. We added more images, a table and we reviewed the manuscript according to all your suggestions.

Reviewer C

Thank you for considering me as a reviewer. This manuscript describes the clinical features, imaging findings and treatment strategies of benign tumors arising from the chest wall. The manuscript is professionally written; clear, precise, and easy to understand. However, some contents may be misleading. so, I would like to ask you three questions before discussing details. First, what strikes me after reading this manuscript is why are some tumors well described and others not? It does not seem to have anything to do with choosing the proper treatment, although this manuscript aims to choose the proper treatment. Considering the overall balance and coherence, it should be necessary to revise the entire sentence structure. Second, benign tumors of the chest wall are usually classified into two categories based on their origins: bone and soft tissue. Bone origins include bone (osteoblastoma), cartilage (**chondroma**, chondroblastoma, **osteochondroma**), fibrous (**fibrous dysplasia**), marrow (**eosinophilic granuloma**), osteoclast (aneurysmal bone cyst, giant cell tumor), and other (mesenchymal hematoma) tumors. On the other hand, soft tissue origins include adipose (**lipoma**), fibrous (**desmoid**), muscle (leiomyoma, rhabdomyoma), nerve (neurofibroma, schwannoma), and vascular (**hemangioma**, lymphangioma) tumors. Why does this "review" manuscript not include all of them? Alternatively, this manuscript should indicate tumor selection criteria. Third, preoperative histopathological examination for surgical specimens plays a key role in choosing the proper treatment of benign chest wall tumors. There are three options to obtain surgical specimens before radical surgery: needle/core biopsy (for all lesions), incisional biopsy (for larger lesions >5cm), and excisional biopsy (for smaller lesions <5cm). Although these options have disadvantages such as tissue trauma, performance difficulties, and complications, biopsy is essential to avoid unnecessary extensive surgical resection. Why does this manuscript say so little about biopsy?

I am looking forward to receiving your revised manuscript.

your sincerely,

Dear Reviewer,

thanks a lot for your precious suggestions. We reviewed the entire manuscript according to your suggestions.

Reviewer D

Overall, your paper is well-written and organized. However, information such as changes in genes may not be very helpful in the actual clinical setting when surgeons are seeing patients and performing surgeries. Instead, it may be more useful to present characteristic imaging or histopathological findings of each tumor and provide clinical photographs.

Dear Reviewer,

thanks for your suggestions. We reduced the "genetic" part and we added more images.