Peer Review File

Article Information: https://dx.doi.org/10.21037/jtd-23-1982

Reviewer A

Excellent editorial.

Comment: none
Reply: Thank you!
Changes in the text: none

Reviewer B

I think this manuscript contributes to the original paper and evaluates the outcomes in a wise way.

Comment: none
Reply: Thank you!
Changes in the text: none

Reviewer C

Thank You for writing the editorial commentary. Sadly, it wasn't easy to read. I had to read it several times and "take another look another day" to actually understand your general idea. It was especially difficult to read the first two paragraphs. The choice of intricate words does not profit the reader. I will state several points as examples:

Line 22: "components of neoadjuvant therapy regimens" You mean "in neoadjuvant therapy"?
Line 37: "nuanced complexities" could be either "nuances" or "complexities", but not both at the same time.
Lines 58-61: The sentence with 4 comas is so long, you have to read it a few times to understand.
Lines 84-85: "enriching" the "discourse" is of course elegant, but confusing.

These are just examples. The overall narration could be simplified here and there.

I have further content comments:
Line 19: "healing of the bronchial anastomosis after systemic therapy". The adverse effect of preoperative radiation has been reported. Systemic therapy (chemotherapy) has little direct effect on anastomosis healing. Let's not confuse it with postoperative morbidity after sleeve-lobectomy.
Lines 85 87: If we talk about short term and long term postoperative outcomes it's always "30-day morbidity and mortality" and "5 year survival". It's better to be clear.

Lines 94-96: I believe the goal of the original article was to talk about safety of the neoadjuvant immunotherapy. The safety of sleeve-lobectomy has already been proven.

Comment 1: "The choice of intricate words does not profit the reader. I will state several points as examples:…"
Reply 1: Thank you for this feedback. We have modified the text as advised with several additional similar revisions.
Changes in the text:
Line 12-13: "There is a consensus that pneumonectomy should be avoided whenever possible"
Line 16: "a lung-sparing approach which has been associated with superior outcomes in post-operative complications and long-term survival."
Line 20-22: "Novel targeted therapy and immunotherapy drugs are increasingly utilized in neoadjuvant therapy."
Line 36-38: "A critical examination of the study's scope, methodology, and conclusions brings to light nuances for consideration."
Line 49-52: "The focus on postoperative morbidity prompts the question of whether there are subtler, yet equally significant, long-term complications related to neoadjuvant therapy that extend beyond the immediate postoperative period."
Line 84-85: "By this analysis of the study put forth by Dr. Li and colleagues, we hope to add to the discourse surrounding treatment decisions for locally advanced NSCLC."

Comment 2: "I have further content comments:…"
Reply 2: Thank you for these comments, the following sentences have been rephrased for accuracy.
Line 17-19: Sleeve lobectomy has classically been performed as an upfront treatment given concerns over treatment-associated fibrosis.
Line 95-97: "Given the remarkable series described by Li et al, it seems likely that neoadjuvant therapy is safe to implement prior to sleeve lobectomy and that surgeons should continue to pursue lung-sparing surgical options when oncologically feasible."

Reviewer D

A good comment on a published study on sleeve lobectomy after neoadjuvant chemotherapy. The comments are absolutely appropriate and the questions raised are useful to a deep discussion on this topic.

Comment: none
Reply: Thank you!
Changes in the text: none

Reviewer E

This is a nice commentary that describes the study and points out limitations and needs.
This editorial comment represents and extension of the original article and agrees with the findings of limited comorbidities following sleeve resection with neoadjuvant therapy. The

commentary nicely points out limitations and suggests the need for longer follow up with additional outcomes such as QoL. I believe the authors may repeat too much information from the original article and could be more succinct in their findings and suggestions. The editorial comments may improve with organization changes/flow highlighting limitations and followed by what to change in the future and/or the take home message.

Comment 3: "I believe the authors may repeat too much information from the original article and could be more succinct in their findings and suggestions."
Reply 3: Thank you for this feedback. We have removed details about the paper that may seem superfluous to the editorial and kept the main points.
Changes in the text: Removed lines 42-45

Comment 4: "The editorial comments may improve with organization changes/flow highlighting limitations and followed by what to change in the future and/or the take home message."
Reply 4: We have modified the text accordingly.
Changes in text: removed lines 62-65, added in lines 82-84 about future endeavors.

Reviewer F

This is a commentary on: Li X, Li Q, Yang F, et al. Neoadjuvant therapy does not increase postoperative morbidity of sleeve lobectomy in locally advanced non-small cell lung cancer. J Thorac Cardiovasc Surg. 2023 Oct;166(4):1234-1244.e13. Overall, the authors provide a well written and concise comment on the salient points from the JTCVS paper. The authors also provide practical suggestions for future investigations into the subject which will be useful for consideration for the readership of JTD. While the manuscript is appropriate for publication as is, one possible addition that would be useful would be for the authors to describe the practices of their institution surrounding selection of patients for neoadjuvant therapy prior to sleeve lobectomy.

Comment 5: "While the manuscript is appropriate for publication as is, one possible addition that would be useful would be for the authors to describe the practices of their institution surrounding selection of patients for neoadjuvant therapy prior to sleeve lobectomy."
Reply 5: Thank you for this suggestion. In our own practice, we have employed sleeve resection after neoadjuvant chemotherapy and immunotherapy even for tumors which initially only appeared to be resectable by pneumonectomy.
Changes in the text: added in lines 99-102
