

Peer Review File

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Review Comments

Reviewer A

Comment 1: I want to thank you for the opportunity of reviewing your paper.

Reply 1: We would like to thank the reviewer for their thorough review of our manuscript and the time invested.

Changes in text 1: None.

Comment 2: The subject is very difficult to deal due to its heterogeneity. In my opinion, however, the topic is only marginally treated and the work loses its popular utility. All topics are barely mentioned and not at all explored. In all paragraphs (staging, surgery, reconstruction) fundamental steps are missing. I do not find the message of this paper satisfactory.

Reply 2: We would like to thank the reviewer, once again, for their thorough review of our manuscript and the comments raised. We fully agree that the subject of soft tissue sarcomas is difficult and known to be heterogeneous. Let alone, specifically for the chest wall region. We also agree that the numerous topics were only slightly touched upon, nevertheless has been the main objective to be able to highlight differences and agreements, providing helicopter view in this heterogeneous and broad topic. Despite the benevolence, further exploring would defeat the purpose of the manuscript – as specially requested by the editorial office for this special series – and only create confusion towards the intended readers. Nevertheless, re-reading the abstract and introduction we can appreciate the mismatched expectations which have been aligned consequently in the text.

Changes in text 2: See page 3, line 37-38; page 4 line 56-57.

Comment 3: The two clinical cases presented, although interesting, deviate from the objective of the work which seems more reminiscent of the old style of "case report and review of the literature".

Reply 3: Thank you for the comment raised. Both cases were added to the manuscript to provide at least some form of clinical input. However, we agree that this detracts from the purpose of the review. Therefore, the cases were removed.

Changes in text 3: See page 17-18, line 315-332.

Reviewer B

Review of Manuscript on Thoracic Wall Reconstruction and Soft Tissue Sarcomas of the Chest Wall

Comment 1: Introduction. The manuscript tackles the complexity of thoracic wall

reconstruction, particularly following the surgical resection of chest wall soft tissue sarcomas. Given the intricate nature of the thoracic anatomy, the manuscript does an admirable job discussing the potential challenges and considerations for reconstructive efforts.

Reply 1: We would like to thank the reviewer for their thorough review of our manuscript, the time invested and the compliments.

Changes in text 1: None.

Comment 2: Content & Organization. The article begins with a succinct description of the necessity of thoracic wall reconstruction, specifically following sarcoma resections. It then elaborates on the potential consequences of larger resections, emphasizing the importance of ensuring chest wall integrity. The introduction to various materials and techniques utilized in reconstructions is well detailed.

Reply 2: We would like to thank the reviewer for the compliments.

Changes in text 2: None.

Comment 3: Strengths. Comprehensive Coverage: The manuscript presents a detailed account of the various techniques and materials used in thoracic wall reconstructions. The use of synthetic meshes, osteosynthesis materials, three-dimensional printed implants, and flap techniques provides readers with a comprehensive understanding of the current landscape.

Clinical Implications: The discussion of the functional results post-reconstruction and the potential effects on pulmonary function is valuable, ensuring that the reader grasps the holistic impact of such procedures.

Practical Recommendations: The manuscript offers practical suggestions based on current guidelines for post-operative follow-up, ensuring its relevance to practicing clinicians.

Reply 3: Once again, we would like to thank the reviewer for the compliments.

Changes in text 3: None.

Comment 4: Areas for Improvement. Terminology Clarifications: The paper assumes some level of familiarity with technical terms, which might make it less accessible to non-specialists. Including brief explanations or footnotes for terms like "paradox breathing," "fasciocutaneous," and "neoadjuvant treatment" might aid comprehension.

Reply 4: Thank you for the comment raised. The specific terms were further defined in text.

Changes in text 4: See page 11, line 205; page 13, line 235-237.

Comment 5: Consistency in Format: The repeated statement, "The authors are accountable for all aspects of the work," interrupts the flow of the manuscript. Consider placing this statement at the beginning or end of the article to maintain consistency.

Reply 5: Thank you for the comment raised. We fully agree that the repeated statement interrupts the flow and readability of the manuscript. However, the current instructions

for authors, as found on the JTD webpage, unfortunately demand this repeated statement.

Changes in text 5: None.

Comment 6: Technical Depth: For readers unfamiliar with specific techniques, such as the use of PLGA and β -TCP, a brief background or significance of these methods might be helpful.

Reply 6: Thank you for the comment raised. Following this comment we have amended and revised the text.

Changes in text 6: See page 14, line 261-264.

Comment 7: Conclusion: The conclusion effectively summarizes the importance of individualized treatment approaches. However, it might be enriched by emphasizing the rapid evolution in reconstruction methods and the potential future directions in thoracic wall reconstruction.

Reply 7: Thank you for the comment raised. The conclusion was amended.

Changes in text 7: See page 18, line 345-348.

Comment 8: Recommendations. Consider including a brief background or context at the beginning, discussing the incidence and implications of soft tissue sarcomas of the chest wall, before diving into reconstruction techniques.

Reply 8: Once again, we would like to thank you for the comment raised. We agree that this information would have had significant added value. Therefore, we have sought to find this information in preparation of the manuscript. However, given the heterogeneity and relative uncommonness of soft tissue sarcomas and specifically for the chest wall, we were not able to identify these epidemiological numbers.

Changes in text 8: None.

Comment 9: Given the manuscript's technical depth, a brief section discussing the implications for patient quality of life or long-term prognosis might provide a more patient-centered perspective.

Reply 9: Thank you for the comment raised. A section describing the quality of life after resection and reconstruction has been added.

Changes in text 9: See page 15, line 274-278.

Comment 10: Lastly, in the conclusion, consider touching on future research or advancements that might be on the horizon for thoracic wall reconstructions.

Reply 10: Thank you for the comment raised. We would like to kindly refer you to comment 7.

Changes in text 10: See comment 7.

Comment 11: Overall Evaluation. This manuscript is a robust and comprehensive examination of the techniques and considerations for thoracic wall reconstruction. It offers valuable insights for clinicians and specialists in the field. With minor

enhancements for clarity and comprehensiveness, it promises to be an invaluable resource in the field.

Reply 11: Once again, we would like to thank the reviewer for the compliments. We feel that the additional comments provided have significantly improved the manuscript.

Changes in text 11: See the specific changes per comment/reply.