

Peer Review File

Article information: <https://dx.doi.org/10.21037/jtd-24-335>

Reviewer A

Comments

Ok for me

Reply: Thank you.

Reviewer B

Comments

Congratulations on your great work. No comments from my part

Reply: Thank you.

Reviewer C

Comments

Review of the paper entitled: "Let's think outside of the box" as comment on Qiu, B., Ji, Y., Zhang, F., et al. (2022). Outcomes and experience of anatomical partial lobectomy. *Journal of Thoracic and Cardiovascular Surgery*, 164(3), 637-647. Outcomes and experience of anatomical partial lobectomy. The paper is well written even the first part ("introduction" L8-29) is quite long and in my opinion should be shortened. I'm agree with the authors regarding the concept that "anatomical partial lobectomy" is not a new idea, but it is a way to treat the cancer obtaining adequate surgical margins, crucial issue of segmentectomy. In my opinion is the tumor that "decides" what kind of surgery should be performed preferring segmentectomy over wedge. I suggest discussing more the margin issue that seems overcome by the application of APL. The discussion about the use of 3d CT reconstruction is valid, but sometimes the lung palpation to find the nodule could help surgeons also in minimally-invasive surgery.

Reply 1: Thank you for the comments. We have taken your suggestions and have shortened the introduction section as recommended. Additionally, we appreciate your agreement and emphasis on the importance of the margin issue in anatomical partial lobectomy. We have further clarified and elaborated on how this concern is addressed in our approach within the text.

Changes in the text: Page 2, line 20-24

Reviewer D

Comments

I believe the authors' arguments to be extremely valid.

Reply: Thank you

Reviewer E

Comments

I would like to thank the editor and authors for providing me with a great opportunity to review comments on a recent trial published by JTCVS. I reviewed your review comments entitled "Let's think outside of the box." These review comments were mostly agreeable concerning sublobar resections for small-sized lung cancer.

It is expected that reports regarding sublobar resections would be increasing because some important clinical trials which indicate the feasibility of segmentectomy have been published in recent years. I think that it is a favorable trend that the technical aspects and outcomes of the sublobar resection will be discussed for small sized lung cancer based on the tumor characteristics.

Although I mostly agreed with the author's opinions, I think that the term anatomical partial lobectomy (APL) has not yet been standardized in the field of the sublobar resections. This concept may be a new concept, but I think that it would basically indicate anatomical segmentectomy. Segmentectomy has been a more challenging procedure than lobectomy, or wedge resection, due to the anatomical aspects. Therefore, it has various procedural steps, and as such, a variety of discussion points also arise. The published paper by Qiu, et al. clearly showed the method of segmentectomy while focusing on cutting or preserving the intersegmental veins based on sufficient surgical margins.

In these review comments, I felt that the contents of the technical aspect in segmentectomy was insufficient. Therefore, I think that it is recommended to add more descriptions of the outline from Qiu, et al.'s study and the technical details of APL for the readers.

Reply 1: Thank you for the interesting comment. We have added more technical aspects to the commentary.

Changes in the text: Page 2, Line 70-79.

Reviewer F Comments

This paper is an important contribution and I recommend that it be accepted for publication.

Reply: Thank you

Reviewer G Comments

Thank you for your study. I can undersign your piece. As you have stated most of the experienced surgeons and high volume centers perform wedges from the neighboring segment/s when the tumor is close. In the real life, most of the time the lesion does not sit in the middle of the segment, thus may require mono-bi or triplle segmentectomies.

I would also ask you to include that "Mentioned studies were performed by experienced

surgeons and with LND, including frozen sections. Some of them were converted to a lobectomy intraoperatively, and margins were kept around 2 cm.

Please quote the comments from Dr Sihoe's paper "World J Surg (2023) 47:1320–1322é
Thank you again for the insightful paper.

Reply 1: Thank you for the interesting comment. We have added the suggestions.

Changes in the text: Page 1-2, Line 47-49

Reviewer H

Comments

Thank you for providing me with the opportunity to review.

The results of two major clinical trials have significantly impacted the perception of sublobar resection. I would personally like the author to address the following. “How should we consider the appropriateness of sublobar resection for solid, hypermetabolic tumors smaller than 2 cm?”. I would appreciate your thoughts on this matter.

Reply 1: Thank you for the interesting comment. However, in the original paper, there is no discussion about this interesting matter: "How should we consider the appropriateness of sublobar resection for solid, hypermetabolic tumors smaller than 2 cm?" Therefore, we believe there is no appropriate way to include this in this short editorial commentary.