Peer Review File

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Reviewer A

The authors explored the clinical significance of obstructive/restrictive patterns for postoperative complications as well as long-term survival. There are other alleged factors that affects postoperative lung complications such as FEV1, DLCO, low performance status, but the authors did not adjust these factors for the analysis. Moreover, the respiratory impairment is a crucial factor for respiratory complications but the authors analyzed all complications that occurred after the lung surgery.

Reply:
I appreciate your comment.

As you pointed out, there are other factors that are known to influence postoperative pulmonary complications. However, this paper is only to report that choosing limited surgery easily for those with preoperative restricted ventilatory impairment may not lead to good outcome, as a result of surgical treatment performed in practices in city hospitals. The number of cases is small, and it must be said that it is difficult to align factors other than respiratory function.
We felt that this nuance was difficult to convey, so we would like to modified our text as advised. (see Page 15, line 255-257)

Regarding the point that all complications that occurred after pulmonary surgery were analyzed, this was only due to a comprehensive review of the subsequent course of treatment performed on practices at a one of city hospital.

Reviewer B

Please clarify what surgical techniques were used and the criteria for patient selection include all variables to be considered in the assessment of patient operability.
A mention should be made of preoperative functional assessments including functional stress testing and the risks of developing respiratory failure in the postoperative period Also important is the analysis of complications combined with the presence of comorbidities.

Reply:
I appreciate your comment.

About surgical techniques, basically, we perform video assisted thoracic surgery.
Since the subjects of this study are lung cancer patients with clinical stage IA lung

cancer, we recommend surgery for those who have no difficulty in daily living unless the patient himself or herself refuses. In these cases, we consider whether to perform a standard surgery such as lobectomy or a limited surgery such as wedge resection, taking into account the patient's performance status as well as respiratory function. However, since this is a clinical decision, we are unable to provide clear criteria.

What were the techniques used for staging?

Reply:
We used The Union for International Cancer Control TNM classification 7th edition. (see Page 5, line 72-73)

It should be clarified what radiological imaging techniques were used and whether restrictive syndrome was diagnosed by plethysmography.

Reply:
We use X-ray imaging and computed tomography.
We do not have plethysmography.

A reference should be added on this topic.

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Reply:
Thank you for your suggestion of literature.
Based on the results of this study, we have decided to perform a 6-minute walk for patients who are considered to be at high risk postoperatively. Preoperative chronic obstructive pulmonary disease assessment test is useful in identifying patients at high risk for respiratory failure, and we intend to make use of this information in the future. Therefore, we would like to add the sentences to the discussion. (see Page 15, line 257-Page 16, line 265)