

Peer Review File

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Reviewer A

Comment: Since the comments are understandable and deepen the field, it is basically appropriate to accept the manuscript as is. However, there is one point I would like to add: anatomical partial lobectomy should be explained in detail so that anyone who hears it for the first time can understand it. This is the only point I would like to make.

Response: We thank the reviewer and agree with this comment, we have amended the passage as below. We did not feel it appropriate to verbally subdefine the different approaches as they have not explicitly done so in the source paper.

Change in text: The authors have described a new method of sublobar resection which is termed anatomical partial lobectomy – defined as a ‘lesion-centered resection of anatomical sublobar parts. This includes single/combined subsegmentectomy, and single or extended segmentectomy, demonstrated in figure 4 of the paper. Importantly this does not include wedge resections.

Reviewer B

Comment: The Anatomic Partial Lobectomy is a novel approach to limited anatomic resection and represents a significant advancement in the field of thoracic surgery. With careful patient selection and ongoing assessment, this approach has the potential to improve short-term results even more and be used to a wider range of clinical situations. However, this is an issue if the technique is only successful for a few facilities and surgeons. We must think about how to get there if we want to spread the word even wider. Overall, I think this is an interesting and important commentary.

Response: We thank the reviewer and agree with their comments. We look forward to seeing the long-term results from this cohort.

Change in text: none required

Reviewer C:

Comment: This commentary nicely summarizes the original article by Qiu et al., discussing both its strengths and limitations. It is well-written, informative, and concise. I recommend it be published promptly as-is.

Response: We thank the reviewer for their comments.

Change in text: none required

Reviewer D:

Comment: The authors have submitted a commentary on an article from Qiu and colleagues about Anatomical Partial Lobectomy.

1. Line 26-27 should be “The advent of lung cancer screening globally following the NELSON and NLST trials has increased the number.....”
2. Place a space between the last word and the reference parentheses. The space is present in some cases but not in others. For example, line 23 says “the National Cancer Center in China (1).” It should be “China (1).”
3. Lines 46-51 contain numerous grammatical errors. Additionally, there is a long run-on sentence.
4. Lines 52-54 also contain grammatical errors.
5. There are many other grammatical errors throughout the rest of the commentary.

Response and change in text: We thank the reviewer for their comments. Comments 1 and 2 we have adjusted as per the reviewer. In response to comment 3 we have split the sentence in question to read better. In response to the grammatical errors, we have reviewed the text and made adjustments where appropriate.

Reviewer E

Comment: I really enjoyed reviewing this COMMENTARY paper.

Overall, the author is full of praise for the paper, but it would be nice to have some more critical points.

It is nonsense to compare complications with prospective studies. Complication data collection in high-quality prospective trials is typically performed on a regular basis and on a consistent basis across institutions. Moreover, since we also audited the hospitals participating in the study, the details and frequency of complications are fairly accurate. On the other hand, in retrospective studies, small (grade 2 or less) complications that are not memorable are often not recorded. Therefore, regarding the references in lines 54 to

57, the following sentences should be added:

“, but these data should be confirmed by a prospective setting.”

Furthermore, it should be emphasized that oncologic safety, such as the frequency of local recurrence and long-term prognosis, must be ensured as a surgical method.

Response: We thank the reviewer for their comments. We have adjusted our commentary of the complication data, see below. Regarding the oncologic safety of the method, we believe we address this sufficiently in the penultimate paragraph.

Change in text: However, even without a control arm the short-term outcomes shown here are notable: A post-operative complication rate of 10.8% is quoted, compared to 27% in JCOG0802/WJOG4607L (grade 2+), and no post-operative mortality (0/3336 vs 4/340 in CALGB140503) (6,7). Owing to the retrospective nature of this study where complications may not be recorded as rigorously, it would be encouraging to see this confirmed in a prospective setting.