

Peer Review File

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Reviewer A

The author provided an interesting study with respect to performing a meta-analysis to compare 2-dimensional versus 3-dimensional video-assisted thoracoscopic surgery for esophagectomy. There are a few questions that I would like to raise to the authors. First, inherently there is inherent bias that will influence the operative a blood loss amongst the studies largely due to surgeon experience. Therefore, definitive conclusions regarding direct associations between 2D vs. 3D and the specified outcome of interest (e.g. operative time, blood loss) may not be true and rather related to other surgeon factors. This may be suggested by the heterogeneity in blood loss that is exhibited between each of the studies listed in your figures.

Reply: Thank you for your comment. The P value is small enough to show that there is a significant difference between 2D and 3D. But there would be inherent bias because of the surgeon experience as the SD of operative time and blood loss is large. Therefore, much more study is needed to value the benefit of 3D VATS for esophageal cancer.

And we've revised it in the Limitations part

Reviewer B

Overall, this paper has potential for publication given its topic. However, some amendments are required.

- 1) Cuschier is the wrong spelling, should be Cuschieri.
We've revised it (see Page1, line 37)
- 2) Please state what VATS stands for as an acronym.
We've stated it (see Page1, line 37)
- 3) State oophrectomy instead of ovariectomy in the introduction
We've revised it (see Page2, line 53)
- 4) What does adverse reactions to surgeons mean in the introduction.
We've added the adverse reactions to surgeons in the paper (see Page2, line 54)
- 5) Please state the PROSPERO registration and number in the methods.
We've stated it in the paper (see Page 2, line 62)
- 6) A funnel plot is required in the results for publication bias assessment
Since there were only 5 included literatures, we believed that making funnel plots was

of little significance.

7) In your results, the Forest plot (pooled analysis) for postoperative complications implies there is a significant difference between the 3D and 2D groups. This is not mentioned in the rest of the manuscript. The abstract and conclusions state there are no differences in intergroup incidence of postoperative complications.

We are sorry to use a wrong figure of 'operative blood loss' to the 'postoperative complications' and we've revised it (see Page 8, line 188, figure 8)

8) The tables are incomplete (i.e. operative numbers for Abbassi's study population). We've revised it in the paper (see Page 6, line 147, table 1)