

Peer Review File

Article information: <http://dx.doi.org/10.21037/tcr-22-468>

Reviewer A

Comment 1:

- Good. Interesting paper.

Reply 1:

- Thank you for your comment.

Changes in the text: Nothing

Reviewer B

Comment 1:

• The authors chose the right thoracoscopic approach to dissect the middle to lower esophagus. I understand the dissection through the right thorax was possible. However, when I look at the CT image shown in Figure 1, a left thoracoscopic approach seems much easier than the right side. Please provide why they did not choose the left side approach in this area?

Reply 1:

• Thank you for your advice. Honestly, left side approach might be easier in middle to lower mediastinum approach, as you mentioned. However, the right thoracic approach was the appropriate approach angle for the ring formed by DAA because the RAA is located cephalad compared to the LAA by the 3D printer model. So anyway, we needed to approach from right side in this case. Also, we are used to do by right thoracic approach and we could imagine this area's procedure with ease using 3D printer by right side procedure. Of course, we kept in mind to approach from left, in case it was difficult.

Changes in the text:

• See page 10, in line 152- 156, we added that {However, the right thoracoscopic approach was selected for the present case because it is the standard technique followed by us, and was deemed necessary for the upper mediastinum. In case the right-side approach was found to be difficult, it was planned to continue the dissections around the concerned area from the left.}

Comment 2:

• The photos shown in Figure 4 are hard to understand. If possible, please add the corresponding images of the 3-D model to the intraoperative figures.

Reply 2:

- Thank you for your comment. I agree with your opinion. So, I made figure 4 again. Changed figure 4 shows the corresponding images of the 3D model to the intraoperative figures. Would you understand the intraoperative photos easier than before?

Changes in the text:

- See modified figure 4.

Comment 3:

- Page 5, line 77: 5FU should be changed to the formal name.

Reply 3: Thank you for your advice. We changed it to the formal name.

Changes in the text:

- See page 5, in line 82, I changed 5FU to fluorouracil(5FU).

Comment 4:

- There are several linguistic errors in this manuscript. Thorough language editing is recommended.

Reply 4:

- Thank you for your advice. As you pointed out, I am not good at English. So, the English editing was done again.

Changes in the text:

- I submitted our manuscript for editing again, so there are many changes parts. Therefore, I will show you by using the "Track Changes" function of word processing program.

Reviewer C

Comment 1

- Although I was wondering what was the primary reason the surgeons did not use trans-hiatal esophagectomy as the primary approach. It seems that trans-hiatal esophagectomy might have been a better and more appropriate surgical approach for this patient in the sense that they would not go into the thoracic cavity.

Reply 1:

- Thank you for your comment. I understood your comment. There might be some argument that trans-hiatal esophagectomy would be better approach. However, LN dissection below the aortic arch, which seemed to have metastasis in this case, is difficult from trans-hiatal approach. If we tried from cervical approach, DAA would bother the dissection around this area.

Changes in the text:

- See page 9, in line 139~145, we added that { Trans-hiatal approach might be one of the

choices. However, LN dissection below the aortic arch was deemed necessary in the present case, and this procedure is difficult to perform by trans-hiatal approach. In addition, trans-cervical approach using mediastinal scope would also be one of the choices for the case with normal anatomy. But it was not suitable for this case because the space composed by DAA was too narrow to perform a surgery. }

Comment 2

• See page 9, in line 138, there was an error. They started their sentence with (1), which I think might be a typing error.

Reply 2:

- Thank you for your comment.

Changes in the text: I deleted it.