Peer Review File

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Reviewer A

Comment 1) This report is an analysis of the case-series of the first 140 cases of uniportal VATS lobectomy performed by 2 surgeons. The authors attempt to analyze their learning curve using some statistical instrument. Nevertheless, the article is an internal audit of 2 surgeons experience, and not many insights can be gleaned from the article that can be generalized. The only conclusion that was claimed is that supervision shortens the learning curve, which is not a very strong finding, and the evidence that was presented is under-whelming.

Reply 1) Thank you for your comments. As you said, this article had a retrospective nature with a small number of patients. Additionally, the results might be scientifically insignificant. However, there have been only a few previous reports describing the learning curve of uniportal thoracoscopic lobectomy. A uniportal thoracoscopic operation is a solo-surgery, which means that it is difficult for an assistant surgeon to help the operation directly. Therefore, appropriate supervisions were necessary to achieve it safely. We would like to believe that our manuscript will have a role, even if it is small, to prove it.

Change in the text 1) I would keep the current form.

Reviewer B

Comment 1) However, there are some sections that should be reviewed, for example, in the section “Introduction” the autors refer to the first major lung resection performed by Dr. Gonzalez Rivas in 2013 when it was performed in 2011.

Reply 1) Thank you for your advice. The mistake was revised.

Change in the text 1) Please see line 66 on page 5.

Comment 2) I think the attached photographs do not provide relevant information. On the other hand it would be interesting to know what kind of instruments are used by surgeons and if this material has changed significantly during the surgeons training.

Reply 2) I really appreciate your excellent suggestion. Figure 2 was revised, which included the surgical instruments when our team performed uniportal thoracoscopic major pulmonary resections. Moreover, the kinds of surgical instruments were not changed during the study period.

Change in the text 2) Please see the revised Figure 2, lines 152-153 on page 10 and figure legend of Figure 2 (line 334-336 on page 20)

Reviewer C

Comment 1) line 88-90: I think it should be mentioned in the method and not in the introduction.

Reply 1) Thank you for your suggestion. The sentence was moved to the patients and methods section.

Change in the text 1) Please see lines 89-92 on page 6.

Comment 2) Method: When did you start your VATS lobectomy program? What was the experience of junior surgeon? It should be mentioned.
Reply 2) Our team has started uniportal thoracoscopic major pulmonary resections including lobectomy and segmentectomy since February 2019, which was mentioned lines 96-97 on page 6. Although the experience varied among the junior surgeons, any of them had less than 50 thoracoscopic major pulmonary resections via a multiportal approach.
Change in the text 2) Please see lines 97-98 on page 6 (not highlighted as yellow), and lines 112-114 on page 7.

Comment 3) There is a difference in term of number of patients between the groups. It should be mentioned as limitations to interpret the results.
Reply 3) Your suggestion is very reasonable. The sentence "The number of cases each surgeon performed the operation for was different during the study period." was added lines 298-299 on page 18.
Change in the text 3) Please see lines 298-299 on page 18.

Comment 4) I think another point that should be mentioned is: did really the junior surgeon perform all the entire procedure? Because there is no clear difference in term of operative time. 2 explanations: the difficult part of the procedure was performed by the experience surgeon; or the junior surgeons had already a good experience. It should be discussed!
The manuscript should be revised.
Reply 4) Your comment is correct. Actually, the difficult part of the procedure was performed by the experience surgeon (H.I.), which was added in the revised manuscript. In addition, this was also mentioned in the limitation section because it might affect the results.
Comment 4) Please see lines114-115 on page 7 and lines 300-303 on page 18.

Reviewer D

Comment 1) You should address minor typos (access through the "anterior axial line" instead of axillary line) and try to explain why 70% of your procedures were on the right side.
Reply 1) Thank you for your advice. The mistake was revised.
We did not have the selection bias about the resected lobe. Therefore, we cannot scientifically explain why 70% of your procedures were on the right side.
Change in the text 1) Please see line 145 on page 9.

Comment 2) Maybe you could also write a sentence on how many patients were converted from uni- to multiportal, as there was no data in your tables.
Well thought- out and written manuscript on a topic of interest for surgeons trying to switch from a multi- to a uniportal approach with only very minor quibbles.

Reply 2) We did not have any converted cases from uniport to multiport. Basically, we consider that the operative quality is equivalent between uniport and multiport except for the stapling. In uniportal approach, the angulation of the inserted stapler is limited while it can vary in multiportal approach. Therefore, we will create an additional port for smooth stapling in uniportal approach when we encounter the technically difficult case to achieve it. During the study period, we did not encounter such cases.

Change in the text 2) The sentence “We did not have any converted cases from uniport to multiport” was added line 181-182 on page 11.