

## Peer Review File

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### Replies to Reviewer A

**Comment 1:** Line 60: What do you mean by "thoracoscopic and open surgical coordination"? Was it thoracotomy with a camera? How big was the incision?

Reply 1: We initially performed mediastinal dissection using thoracoscopy through the left chest, followed by an open thoracotomy through the right chest. The incisions between the fourth and seventh ribs on the left chest are approximately 3 cm and 1 cm long, respectively. This description was unclear in the original text, and we have revised it accordingly. Thank you for your kind suggestion.

Changes in the text: Line 62-68

**Comment 2** Line 65: What is "observation hole"?

Reply 2: This refers to the pathway for the endoscope's entry. Upon review, we found that this term appeared unprofessional, and we have changed it to "port site". Thank you for your kind suggestion.

Changes in the text: Line 67

**Comment 3** Line 70: Not sure what do you mean describing your dissection. Do you mean parietal pleura instead of pericardium and posterior to phrenic nerve?

Reply 3: This procedure does not involve the parietal pleura. We first performed pneumonolysis and pericardiolysis similar to those done on the left chest. Subsequently, we completely freed the lower trachea, the carina, and the main bronchi on both the left and right sides. This description was unclear in the original text, and we have revised it accordingly. Thank you for your kind suggestion.

Changes in the text: Line 72-74

**Comment 4** Line 73: Did anesthesiologist incise RMB? Please word it differently

Reply 4: The surgeon incised RMB, we have modified the manuscript accordingly. Thank you for your kind suggestion.

Changes in the text: Line 79

**Comment 5** Line 109: Would it be easier to perform mediastinal LND before carinal resection and reconstruction?

Reply 5: In fact, the removal of the superior mediastinal and some hilar lymph nodes was carried out during the freeing process, but it was not thorough. After the

reconstruction, we performed a more thorough clearance of the mediastinal and hilar lymph nodes.

Changes in the text: No changes

**Comment 6** Lines 134 - 139: Very confusing statement, specifically, "total lung resection through the left thoracic sleeve" and "anastomosis through the right thoracic trachea with the left lung open." Also "thoroscopic assisted by opening left chest"??

Reply 6: They were truly confusing statements. We have corrected as “For cases where the carinal tumor significantly involves the left main bronchus, the usual surgical approaches include sleeve pneumonectomy of the entire left lung through the left chest, or tracheal and right main bronchus anastomosis via the right chest, leaving the left lung collapsed (the collapsed left lung can be surgically removed, either via an additional thoracotomy or with thoroscopic assistance from the left side)”

Changes in the text: Line 139-144

**Comment 7** What is tracheal ramus?

Reply 7: What we intended to say was "carinal" but the term used was inaccurate. Thank you for pointing it out; we have corrected it to "carinal" in the text. Thank you for your correction.

Changes in the text: Line 150

## **Replies to Reviewer B**

**Comment 1.** What other tests were performed prior to the surgery? And did authors perform a simulation with a model or other means before the surgery?

Reply 1: In addition to the tests mentioned in the text, we also conducted an electrocardiogram, echocardiography, and pulmonary function tests to assess the patient's cardiopulmonary function. Furthermore, the patient underwent a PET-CT scan to rule out distant metastases. All the results were favorable. Before the surgery, based on the size and location of the tumor, we approximately predicted the anastomosis method we were about to perform, and we also made a plastic model ourselves preoperatively. However, the model was crudely made and was not included in the main text images. Below is the model we created.



Changes in the text: No changes

**Comment 2.** How did authors envisage dealing with the situation if, for example, you found it difficult to continue during the surgery?

Reply 2: If we are unable to successfully complete the suturing, we would have to perform tracheal and right main bronchus anastomosis via the right chest, leaving the left lung collapsed (the collapsed left lung can be surgically removed, either via an additional thoracotomy or with thoracoscopic assistance from the left side).

Changes in the text: No changes

**Comment 3.** In Line 115, the fourth prospective → the 4th prospective

Reply 3: Thank you for your kind suggestion we have modified accordingly.

Changes in the text: Line 120