

## Peer Review File

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### Reviewer A

I read this paper, and I would like to agree with what your acceptance for publication in this journal. Finally, I understand the results of this study, below.

① For beginners with less 20 nodules experiences, they should select a solid nodule near the pleura in the middle lobe.

② For secondary learners with over 20 and less 100 nodules experiences, they should not select larger GGNs far from the pleura.

The above findings can be useful for many physicians who are learning the ENB-guided localization technique, I think. That is why I agree to publish this manuscript in the journal, Translational Lung Cancer Research.

We gratefully appreciate your time and effort to review this paper and provide excellent suggestions. We have carefully considered all comments from the reviewer and revised our manuscript.

Comment 1: ① For beginners with less 20 nodules experiences, they should select a solid nodule near the pleura in the middle lobe.

Reply 1: According to the learning curve, we have discovered that ENB-guided localization the middle lobe was comparatively more manageable. **Therefore**, we recommend beginners with less than 20 nodules experience to prioritize nodules in the middle lobe as their first choice. The rationale behind selecting solid nodules lies in their palpability even in cases of ENB-guided localization failure. We truly appreciate your valuable comments, and have made revisions to the relevant sections in order to enhance clarity and accuracy. Consequently, this section has been rewritten based on the suggestions provided by the Reviewer.

Changes in the text: we have modified our text as advised (see Page 6, line 245)

Comment 2: ② For secondary learners with over 20 and less 100 nodules experiences, they should not select larger GGNs far from the pleura.

Reply 2: We greatly appreciate your insightful observation. In order to enhance the manuscript's clarity, we will include a clarification emphasizing that secondary learners should exercise caution when selecting larger GGNs located far from the pleura, as these cases may be less suitable for effective learning and mastery of ENB techniques. This amendment aims to ensure that learners focus on nodules that align more closely with their level of experience.

Changes in the text: we have modified our text as advised (see Page 6, line 224)

### Reviewer B

It's a very well written retrospective analysis on a very important topic. The methodology is well explained and the discussion is very clear. I would suggest to change the subtitle 'patients and inclusion criteria' with 'patients, inclusion and exclusion criteria'

Thanks again

Comment: I would suggest to change the subtitle 'patients and inclusion criteria' with 'patients, inclusion and exclusion criteria'

Reply: Thank you for taking the time and effort to review the paper, We gratefully appreciate for your valuable suggestion, Thank you for pointing out this problem in manuscript.

Changes in the text: we have modified our text as advised (see Page 2, line 76-77, Page 2, line 80, Page 3, line 81)".

### **Reviewer C**

Good idea to review this study area. It is a useful description of a new technology, with an upward trend of use.

Reply : Thank you for your recommendation for this paper. We will continue to research on the positioning of electromagnetic navigation bronchoscopy, and are looking forward to your next review.