Peer Review File

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Reviewer #1

This is very well-organized review manuscript. I have minor questions and comment.

Page 12: "*The most common reasons for localization failure were inaccurate electromagnetic navigational bronchoscopy or ICG injection and technical malfunctions of the equipment".*

Comment 1: Does "inaccurate EMN navigation" mean navigation catheter did not reach to the target due to difficult anatomical location of the lesion to advance navigation catheter?

Response 1: This was often due to inaccurate mapping. This has been clarified in the text.

Comment 2: Do you have any "tip" to avoid inaccurate ICG injection?

Response 2: The most important factors are appropriate patient based on CT findings of nodule location (ie – if very far from an airway, it will be difficult to localize). Additionally, for peripheral nodules, it is key to inject on the proximal aspect of the nodule, such that ICG does not infiltrate the pleural space. This has been added to the paper.

Comment 3: What kind of technical malfunctions of the equipment did you have?

Response 3: The most common malfunction was inability to calibrate the EMN system. Additionally, the mapping data occasionally did not load appropriately. This has been added to the manuscript.

Comment 4: Did you find any report using VERAN EMN Navigational bronchoscopy and PerC System for localization of the lesion prior to VATS or RATS? This system can be used both endobronchial injection and percutaneous fiducial placement in same procedural setting.

Response 4: The only data that was found described a current project evaluating the efficaty of the VERAN EMN system for nodule localization. As there is no published final data, this was not included in the review.

Comment 5: Please confirm or reject editorial changes in manuscript with explanation if rejected.

Response 5: Thank you for these changes – they have been accepted.

Reviewer #2

Comment 1: I suggest the authors to add relative figures for the several Localization Techniques for Small Lung Nodules mentioned in the article (e.g., Microcoil, Hookwire). For example, Figure 1 and 2 provide visual descriptions for methylene blue localization and intraoperative navigational bronchoscopy with indocyanine green contrast injection near the lesion.

Repsonse 1: We appreciate your comment, and would like to add those photographs. However, those localization techniques are not utilized at our institution, and thus we do not have access to non-copywrited images.

Comment 2: The second paragraph on page 13 of the article describes the method of using ICG injection to identify the intersegmental plane during anatomic segmental resection. This paragraph does not quite match the topic of this article "Preoperative Localization Techniques for Small Lung Nodules".

Response 2: Thank you for pointing this out. It has been removed from the paper.