Peer Review File

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Reviewer A

Congratulations on your work. You talk about a multidisciplinary approach to patient study. Which specialists is your team made up of? Do you meet periodically? Does the most complex cases be discussed regularly?

It should give more prominence to the multidisciplinary approach. I would suggest enriching bibliography with studies that describe the role of the multidisciplinary approach in the surgery of huge mediastinal tumors.

We described briefly regarding the perioperative multidisciplinary approach for all our cases (Page 5 line 2) on the teams that involves in the MDT which is done before every complex large mediastinal cases.

Reviewer B

The article needs major revision:

1. The author's unit (Hospital Kuala Lumpur) should not be one of the keywords.

Correction made on the comment

2. In the METHODS section, there should be a separate paragraph to describe the statistical software and statistical methods.

We added further information on the statistical methods for our analysis in Page 4 Paragraph 5

3. Lines 106-108, the baseline characteristics of the cases included in this study have been described in Table 1, there is no need to repeat the contents.

Correction made. The redundant characteristics were taken out from the description.

4. Line 136, the author describes the postoperative pathology. There is a case of type C thymoma and a case of thymic squamous cell carcinoma. However, now the latest

WHO Classification of Tumors of the Thymus has no way of saying type C thymoma, and type C is thymic tumor. The description here is not correct.

We have made the correction on the classification based on latest 2015 WHO classification of tumor of Thymus (Page 8 Para 3, Table 3)

5. There is no mid-term or long-term follow-up for the 16 cases. There is only 2 recorded death after 30 days surgery, which did not disclose the cause.

We added the cause of death for the patients on Page 8, Line 9. In this paper, we provided the early data of the mentioned cases as most patients were still in early phase of follow up.

6. There is no Masaoka staging before and after surgery

We apply the WHO classification of Thymic tumor on our daily practice rather than the Masaoka-Koga classification as we feel that the Masaoka-Koga classification does not affect in our decision for surgery and further management of large mediastinal mass as most tumors are large and causes involvement or invasion of adjacent organs. For your reference, 2 patients were classified as Stage 1 and other 4 patients were staged as 4a.

7. For the 12 patients undergoing surgery, the description of the surgical method is relatively simple, only describing the position of the incision and application of open surgery or endoscopy.

We added further details on decision on approach of large mediastinal tumor in Page 5 Para 2 and Page 6 Para 2.

For the resection of large mediastinal tumors, I failed to find out whether there is large blood vessel replacement, whether there is large-scale pericardium removal, and whether there is lobectomy or wedge resection at the same time.

We added on the details on Page 7 Line 24, Page 8 Line 1. Four patients underwent lobectomy together with the excision of tumor, while 2 patients required innominate vein ligation. One patient needed major resection of the chest wall including the manubrium, clavicle, right 1st to 3rd rib resection on top of lobectomy and tumor debulking. None of the patients required major blood vessel replacement

or cardiopulmonary bypass.

Reviewer C

The surgical resection has usually been recommended for large mediastinal tumor. This paper describes the general results of the surgical treatment of large mediastinal tumor with various pathologies. These results have already been widely known. It does not contain any new content. It would be better to compare the results of VATS and open surgery with same pathology.

As of the date of writing of this paper, there are no available data and analysis on large mediastinal mass which I encounter. The purpose of this paper is to provide an early series of anterior mediastinal mass

1. In the abstract, please describe the full name of CECT.

Correction made

2. In low 22, please change ’12 out of’ to ‘Twelve out of’.

Correction made

3. Why didn’t you perform the preoperative biopsy in all patients to rule out tumors which have not been indicated for surgery such as lymphomas or seminomas?

We only perform biopsy on selected non-operable tumors rather than in cases as what was proposed by National Comprehensive Cancer Network (NCCN) guidelines on that biopsy should be avoided if the lesion is resectable to prevent tumor dissemination.

4. Please describe indications of median sternotomy and thoracotomy in patients who underwent the open surgery.

Details added to Page 5 Line 13. Choice of approach would be sternotomy, thoracotomy or sternothoracotomy. Patients with mass confined to mediastinum will usually undergo sternotomy only. If the mass is extending beyond the mediastinum towards either hemithoraces, a sternothoracotomy will be considered during the surgery. Thoracotomy approach is considered if the mass is mainly in the hemithorax.

5. How did you remove the resected mass over 6 cm in size in the thoracic cavity or mediastinum through 3-4cm sized incision?

Descriptions added to Page 6 Line 15. ***The excised mass was orientated according to the smallest dimension and delivered through the wound in an endo-bag to prevent spillage. Subxiphoid approach appeared to be a better option for retrieval of larger tumor as it is not confined to the intercostal space.***

6. Usually, the surgical treatment has not been recommended in lymphoma. In this paper, the surgery was performed in 3 lymphomas. Please describe the reasons why surgeries performed in patients with lymphomas.

In this paper, we included all patients with large anterior mediastinal mass in our census including those operated and non operated cases to explain the general approach for each case. It this series, 4 patients were not operated including the 3 lymphoma cases which underwent biopsy and definitive chemotherapy.

7. Please describe if patients who underwent the incomplete resection received the adjuvant treatment or not.

As mentioned on Page 12 Line 13, all patients with positive margins underwent adjuvant chemotherapy