

Peer Review File

Article Information: <https://dx.doi.org/10.21037/shc-21-19>

Reviewer A

thank you for the opportunity to review the manuscript "Uniportal video-assisted thoracoscopic surgery right upper lobectomy by B-A-V procedure: a case report" for Shanghai Chest.

You present an interesting case of a modified procedure of right upper lobectomy with uniportal VATS.

The description of the procedure is well written and comprehensible. The pictures are descriptive and labelled. The discussion is well structured and the CARE reporting checklist is fulfilled.

I just got some annotations:

- There are too much spaces or spaces missing around punctuation marks several times.

Reply: We corrected the spaces mistakes, thank you for pointing out.

- There is a verb missing in the sentence in lines 104-107.

Reply: Line 104-107 is "In addition, the advantage of this procedure is when the fissure were difficult to open, and hilar lymph node were too hard to remove from the anterior mediastinal side, first division of right upper lobe bronchus can bring great surgical space." was revised to "In addition, when the fissure were difficult to open, and hilar lymph node were too hard to remove from the anterior mediastinal side, initial division of right upper lobe bronchus can bring great surgical space." marked in yellow.

- Could you please mention postoperative lymph node status.

Reply: Post operative pathology proved that lymph node station 2R, 4R, 7R, 10R, 11R were all negative.

In conclusion: You cover an interesting topic with good results and your discussion is well thought out.

Reviewer B

Congratulation for this elegant procedure. Can I have 2 questions:

1. Can the segment 2. artery located in way of the preparation requiring to manage it before the bronchus?

Reply 1: The segment 2 artery can always be managed before the bronchus no matter the fissure is complete or not. In most of the cases manage it before the bronchus would make it easier to divide the bronchus however sometimes if there were attaching lymph nodes around the segment 2 artery go for the bronchus first would be a better idea.

2. Is an inflamed fissure with attaching lymph nodes contraindication for this method?

Reply 2: If lymph node 11 located between the right upper lobe bronchus and segment 2 artery are attaching firmly with fibrous or calcified component it is suggested to divide bronchus first. It is not a contraindication and on the contrary the procedure can make this kind of situation easier to proceed. If it is not possible to dissect the lymph nodes we can cut the bronchus open from the distal side, then we can do either manage the lymph nodes or arteries, at last we can always close the bronchus with stapler.