

## Peer Review File

**Article Information:** <https://dx.doi.org/10.21037/shc-21-16>

### Reviewer A

Major concerns

1. Case presentation section (line 102):

One merit of surgical resection is able to confirm the surgical margin compared with minimally invasive bronchoscopic treatment. It is necessary that the pathological comment regarding the surgical margin is described. If possible, please add a macroscopic photograph of the cut surface in the figure.

**Reply:** We have added the describe of surgical margin in the paper. Unfortunately, we did not get macroscopic photograph of the cut surface during operation, and Department of Pathology also did not photo the cut surface, we will pay attention to keep macroscopic photograph in our future work.

**Changes in the text:** we have added as advised (see Page 5, line 118)

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2. Case presentation section (line 102):

Regarding the pathological diagnosis, previous case reports of the glomus tumors are usually demonstrated with microscopic images, namely, HE (hematoxylin and eosin) and immunohistochemical staining including smooth muscle actin staining at least. Please add those images in the figures.

**Reply:** We have added figure of HE staining.

**Changes in the text:** we have added as advised (see Page 5, line 118)

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3. Discussion section:

When massive bronchopulmonary glomus tumor has symptoms, such as cough, sputum, hemoptysis, or wheezing, the surgical resection is selected. When the tumor without symptoms is tiny, bronchoscopic treatment is considered, because most glomus tumors are benign. However, in bronchoscopic treatment, the residual tumor is unclear and the checkup with the bronchoscopy is needed about recurrence for

years after the treatment (Nakajima E, et al. Glomus Tumor in a Segmental Bronchus: A Case Report. Ann Thorac Cardiovasc Surg. 2019; doi: 10.5761/atcs.cr.19-00081.). This case report is able to demonstrate complete resection by robot-assisted surgery, as one of merits for clinical use.

**Reply:** We have added the content as reviewer advised.

**Changes in the text:** we have added as advised (see Page 6, line 140-144)

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Minors concern

1. Case presentation section (line 58 and 59):

Spaces are needed before (Figure 1) and (Figure 2).

**Reply:** We have added SPACES.

**Changes in the text:** (see Page 3, line 67 and Page 4, line 69)

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2. Case presentation section (line 90):

Please confirm the suture's name is correct '4-0 Surgipro suture'.

**Reply:** We have correct the spelling mistake, thanks for reviewer's careful advice.

**Changes in the text:** (see Page 5, line 105)

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3. Case presentation section (line 90):

Continuous suture was used with monofilament non-absorbable suture (4-0 Surgipro suture) on the bronchial anastomosis, and reinforced sutures were used with braided absorbable suture (3-0 Vicryl suture). I usually use monofilament non-absorbable sutures for anastomosis of bronchus. If possible, please state the reason using two different sutures.

**Reply:** We have stated the reason in DISSCUSION.

**Changes in the text:** (see Page 7, line 159-162)

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**Reviewer B**

First, English language of this paper needs professional editing before the resubmission.

**Reply:** Thanks very much for reviewer's advice, we have polished our paper.

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Second, in the abstract, no robot-assisted surgery is not sufficient for the current research topic. The authors may consider to first emphasize the strengths of robot-assisted vs. open surgery and second, emphasize the lack of related studies. The authors may consider to tone down the current conclusion, including the conclusion of the main text, **because I think whether robot-assisted surgery is feasible depends on some conditions such as the site of glomus tumors.**

**Reply:** We have changed our expression in the ABSTRACT.

**Changes in the text:** (see Page 2, line 31-35)

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Third, similar to the abstract, the introduction part has similar problems in clarifying the rationale of this study. Please make the clinical significance robot-assisted surgery **more clear here. The strengths of robot-assisted surgery are needed in this part.**

**Reply:** We also changed our expression in the INTRODUCTION part so the meaning could be more precise.

**Changes in the text:** (see Page 3, line 56-57)

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Finally, I think there is no one-size-fits-all treatment for the bronchial glomus tumors such as robot-assisted surgery. In the current report, the case is young and healthy, so the prognosis is also good. In real-world clinical practice, the conditions of patients are complex. The authors may consider to tone down their conclusion, and, importantly, have some comments on the indications of robot-assisted surgery, which is related to the clinical implications.

**Reply:** Application of robotic surgery still has some limitation, our case report was only one case, we still need more clinical evidence to discover the appropriate indications of robotic surgery, and we have added this view in DISCUSSION part, THANKS for the sincere advices!

**Changes in the text:** (see Page 7, line 166-169)

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