

Peer Review File

Article information: <https://dx.doi.org/10.21037/shc-21-35>

Reviewer A

The authors describe a case presentation of a patient with chest wall and vertebral body invasion of a lung cancer. The patient underwent primary surgery after invasive mediastinal staging without induction using a staged approach. This kind of surgery is not novel and has been described in literature on multiple occasions. I am not sure there is any novelty here except that the center has obvious experience with this type of surgery.

Comment 1: I would be looking for something new in the manuscript to interest readers, so perhaps the authors could have a table that summarizes series that include vertebral body resections for NSCLC.

Reply 1: Our work team is compiling the cases that involve T4 surgery in lung cancer. However, their low casuistry means that this compilation takes considerable time. For this reason, this case is presented individually to expose the technique used.

Comment 2: Lastly, some of the sentences run on with semi colon including the abstract which would need to be reviewed.

Reply 2: We have modified our text and have made the pertinent corrections. The following fixes have been made: Page 2, line 18-20. From: Locally advanced lung cancer represents a surgical challenge to add years of quality of life to patients avoiding the complications of surgery, which is why techniques are developed that are, however, complex to develop. To: Locally advanced lung cancer represents a surgical challenge in terms of adding years of good quality of life to patients while avoiding the complications of surgery, which is why new techniques are developed despite its complexity Page 1, line 20-26. From: We present a smoker patient with pleuritic pain and cough for two weeks, interpreted initially as a pneumonia/empyema, resistant to antibiotic treatment, a PET-CT scan found a mass in the posterior segment of the right upper lobe and bullae, a negative mediastinoscopy and CT scan were obtained, reporting invasion of T6 and the costovertebral joint, a needle biopsy was performed that reported To: We present a patient, former smoker, that consults with pleuritic pain and cough for two weeks of evolution, those were initially interpreted as a pneumonia/empyema, resistant to antibiotic treatment. However, a PET-CT scan found a mass in the posterior segment of the right upper lobe and bullae, a negative mediastinoscopy and CT scan were obtained, which reported an invasion of T6 and the costovertebral joint, a needle biopsy was performed that reported Spelling errors, verb tenses and grammatical forms have also been corrected.

Reviewer B

Comment 1: This is an interesting case but I think publication at this time is premature. The question to be answered is not whether we can perform these operations but more importantly what is the long-term outcome. I would suggest publication with at minimum 1 year follow up.

Reply 1: In May 2022, one year of follow-up will be completed, without the patient having shown, until now, any sign of recurrence. For this reason, we have considered showing this particular case.

Comment 2: As the standard of care for advanced tumours is for patients to receive neoadjuvant chemoradiotherapy prior to resection the authors need to address the issue of why it was not given in this case. Again, in the context of deviation from the standard of care, the long term follow up is of interest.

Reply 2: There are publications, although they are a bit distant in time, that do not establish a relationship between the use of induction and local recurrence for wall tumors. Yes, it has been demonstrated in those that invade the superior sulcus and therefore remain the standard of care. In this particular case, the patient has gone through an oncology committee in which it has been decided not to opt for pre-surgical induction, seeking to be able to distinguish the true margins from those that correspond to post-induction scars.

Comment 3: Worth publishing if points 1 and 2 can be addressed but requires extensive grammatical correction and proofreading to improve clarity and structure.

Reply 3: Spelling errors, verb tenses and grammatical forms have also been corrected.