Peer Review File

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Review Comments

Reviewer A

I would like to thank the editor and authors for giving me a great chance to review such an interesting report. Authors investigated efficacy and safety of VATS for large non-small cell lung carcinoma comparing with open thoractomy.

I have one question. What is the definition of VATS in the current study? VATS has a variety of procedures. Some argued that incision less than 8 cm would be acceptable as VATS approach while some insisted that skin incision must be under 4cm. Authors should clarify the accurate definition of VATS in the current study and discuss this issue.

Reply: Thanks for your important question. In our study, Video-assisted thoracoscopic surgery (VATS) is a procedure in which a small tube called a thoracoscope is inserted through a small incision between the ribs. This lets the surgeon see the entire chest cavity without having to open up the chest or spread the ribs. The skin incision is almost between 4-6cm.

Changes in the text: None

Reviewer B

I have reviewed your manuscript " Video-assisted thoracoscopic surgery for patients with non-small cell lung cancer larger than 5cm".

Your topic is up to date, original and you want to share your experience regarding these 2 surgical modalities for locally-advanced NSCLC.

The text contains many grammatical and syntax errors and to some extent the meaning is influenced due to these errors. I suggest a thorough check of the manuscript before re-submission.

Some examples:
Page 1, Line 26: oncological prognosis
Page 2 and 3, Introduction should be re-written
Page 4, Line 127-128

- The oncological outcomes (PFS and OS) after VATS and thoracotomy respectively had differences that did not reach statistical significance
- The subgroup analysis of the patients converted to thoracotomy does not add anything to the article, in my opinion.
- When you cite papers, I would suggest following the Chen et al (Ref) rule, rather than Chen and his teammates (Page 8, Line 236)
- I would strongly recommend adding the Kaplan-Meier curves of the patients (All, VATS and open) depending on the histological stage. Of course the subgroups that will be created will be significantly smaller, but then a comparison would make more sense.
- Did the patients undergo an MRI and bone scan every 6 months after surgery? Please comment

The text contains many grammatical and syntax errors and to some extent the meaning is influenced due to these errors. I suggest a thorough check of the manuscript before re-submission.

Reply: Thanks for your important question. We have made some revisions.

Changes in the text:Page 1, Line 26: The original words ‘oncological prognosis’ have been changed to Page4, Line61: ‘oncological outcomes’ in the revised manuscript.

Page 11, Line 178: ‘operative time was long, with 123.0±41.4 min in thoracotomy group and 140.5±52.7 min in VATS group (p=0.008)’ have been changed to Page 11, Line 177 ‘operative time was with 123.0±41.4 min in thoracotomy group and 140.5 ±52.7 min in VATS group (p=0.008)’ in the revised manuscript.

Page 2 and 3, Introduction have been re-written in Page 3 and 4 in the revised manuscript.

- The subgroup analysis of the patients converted to thoracotomy does not add anything to the article, in my opinion.

Reply: Thank you for you comment. In my opinion, the conversion to the VATS procedure is often associated with challenges, typically linked to the late clinical stage or difficulties in separating hilar tissue. Consequently, it correlates with the patient's prognosis.

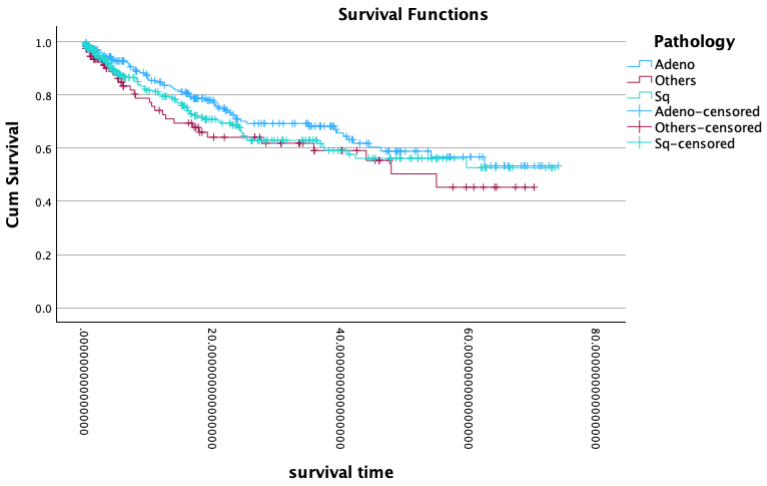
Changes in the text:None

- I would strongly recommend adding the Kaplan-Meier curves of the patients (All,

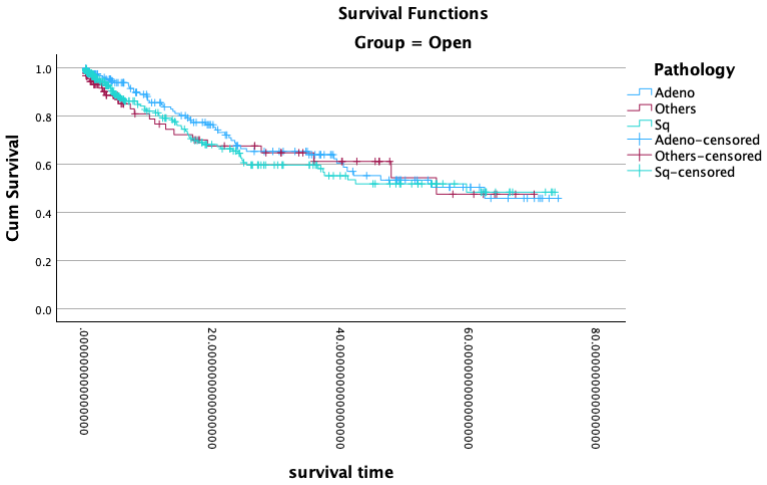
VATS and open) depending on the histological stage. Of course the subgroups that will be created will be significantly smaller, but then a comparison would make more sense.

Reply:Thank you for you comment. I have added the Kaplan-Meier curves of the patients (All, VATS and open) depending on the histological stage. After the comparison, there was no statistically difference between these groups.

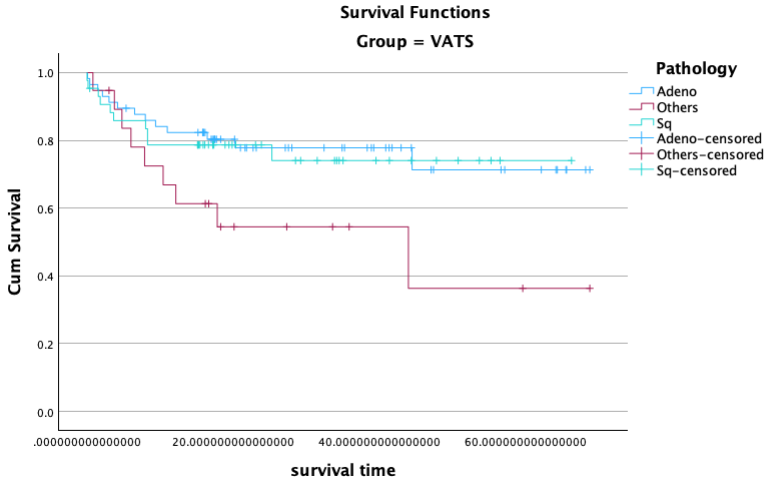
Kaplan-Meier curves of all patients(p=0.251)



Kaplan-Meier curves of open group patients(p=0.703)



Kaplan-Meier curves of VATS group patients(p=0.089)



Changes in the text:None

- Did the patients undergo an MRI and bone scan every 6 months after surgery? Please comment

Reply: Patients undergo MRI and bone scan every 6 months during the first year and hen repeated every year. The postoperative follow-up examinations had written in page 6, line 130.

Changes in the text:None