

Peer Review File

Article information: <https://dx.doi.org/10.21037/vats-22-37>

Response: We changed the title to broadly covering form according to the reviewer's comment. The reviewers had comment to encourage to have systematic review of this topics. We also discussed sufficiently of this recommend. However, there was little randomized trials and most studies were retrospective small sized studies. Systemic analysis would be considered to be helpful to identify the efficacy and safety of single-port VATS for SP. However, we thought it is difficult to confine the single-port VATs by different surgeons as a same procedure. Multi-port VATS is not also same procedure because of the number of ports (2 or 3). Confounding factor could be incision size, use of retractor, type of retractor, variety of retraction technique, different pain control management, different chest tube removal protocol, different discharge protocol, and different criteria of judging recurrence. We decided to check the results of the each published studies independently and evaluate the outcomes comprehensively.

We corrected our manuscript according to the comment of reviewers.

Reviewer A

Interesting paper showing benefits of Single Port VATS.

You need to re-read your paper for typos. I saw several misspellings, including abbreviations.

It would be nice to have tables showing which papers you used for each of the endpoints you chose to highlight.

I am not sure some of your conclusions are founded. Particularly, the fact that single port is replacing multiport.

Reply: We corrected the misspellings. We added table which contains the reviewed studies. We changed conclusion with modest perspective.

Reviewer B

Your work is much appreciated because it summarizes the evidence of the uniportal vats in SP. I think this work is important but it should encourage you to continue with a systematic review.

I think there is an error, you type bellectomy at the beginning of a paragraph and I think you meant bullectomy or blebectomy.

The conclusions I think are adequate and they are what we observe a real practice.
Keep working on the subject to produce better evidence based data.

Reply: We performed a narrative review of randomized and nonrandomized studies of the surgical results of single-port VATS for SP. Systemic analysis would be considered to be helpful to identify the efficacy and safety of single-port VATS for SP. However, we thought it is difficult to confine the single-port VATs by different surgeons as a same procedure. Multi-port VATS is not also same procedure because of the number of ports (2 or 3). Confounding factor could be incision size, use of retractor, type of retractor, variety of retraction technique, different pain control management, different chest tube removal protocol, different discharge protocol, and different criteria of judging recurrence. We decided to check the results of the each published studies independently and evaluate the outcomes comprehensively. We corrected the misspellings We changed conclusion with modest perspective.

Reviewer C

I would like to congratulate the authors with their manuscript entitled “Surgical results, including postoperative recurrence, pain, and paresthesia, for single-port 2 VATS for pneumothorax: a narrative review”. I have the following comments:

General:

- In my opinion, this manuscript should be revised to the structure of a systematic instead of a narrative review to allow proper comparison of both techniques and to provide a solid scientific basis for the rather bold conclusions.
- Please try to re-write your manuscript in a way that a clear red line is visible to the readership.

Introduction:

- Line 75-85: please discuss the recent systematic review on this topic by Daemen et al., EJCTS 2019.
- Line 90: pain reliever = analgetics.
- Line 89-91: please support this statement with references.
- Line 92: open thoracotomy is a pleonasm
- Line 93-95: the history of VATS dates from more then a century ago; in the '90s anatomical lung resections where already been performed by for example Robert McKenna and Alan Sihoe.
- Line 99-105: please discuss the recently published results of the Violet trial by Eric Lim.
- Consider to replace “single-port” by the generally accepted terminology “uniportal VATS”
- Line 121: “some surgeons” needs to be replaced by “the vast majority of surgeons”

Methods:

- Line 129: please specify that the aim of this study to perform a narrative review
- Why was no systematic review been conducted?
- Please add the PRISMA checklist including reference.
- Line 139-142: why were these few manuscripts eligible and were the others excluded?

- Line 147-159: this alinea does not belong to the Methods section and should (in a condensed way) been replaced to Introduction or Discussion paragraphs.
- Line 162: SIST??

Results:

- Line 160 and further should be added to a Results paragraph.
- Furthermore, please try to separate the objective results from your subjective interpretation of these (discussion).

Discussion:

- Section is completely missing.

Limitations:

- Section is completely missing.

Conclusion:

- These rather bold conclusions can not be made on the basis of this narrative review. Please conduct a proper systematic review with meta-analysis or at least place your conclusions into a modest perspective.

Reply: Line 75-85 We discussed the recent systemic review “Daemon et al. demonstrated favor results of VATS of significantly reduced ipsilateral recurrence rates and length of hospitalization compared to chest tube drainage for the treatment of first episode of primary SP.” Line 90 Pain reliever ->analgesics Line 89-91 We inserted reference Landreneau RJ, Hazelrigg SR, Mack MJ, et al. Postoperative pain-related morbidity: video-assisted thoracic surgery versus thoracotomy. Ann Thorac Surg 1993;56:1285-9 Line 92 Open thoracotomy -> thoracotomy Line 93-95 We change the sentence to Video-assisted thoracic surgery(VATS) became popular in since 1990s, and Line 99-105 Reference Lim E, Tim JP, dunning J, Shackcloth M, Anikin V, Naidu B, et al. Video-assisted thoracoscopic or open lobectomy in early-stage lung cancer. NEJM Evid 2022;1(3) We added the sentence of “Recently Lim E, et al. conducted a parallel-group multicenter randomized trial to compare outcomes of early-stage lung cancer between VATS and open resection. They demonstrated significantly better physical functioning at 5 weeks in VATS group”. Line 121 Some surgeons -> the vast majority of surgeons Line 129 We performed a narrative review of randomized and nonrandomized studies of the surgical results of single-port VATS for SP. Systemic analysis would be considered to be helpful to identify the efficacy and safety of single-port VATS for SP. However, we thought it is difficult to confine the single-port VATs by different surgeons as a same procedure. Multi-port VATS is not also same procedure because of the number of ports (2 or 3). Confounding factor could be incision size, use of retractor, type of retractor, variety of retraction technique, different pain control management, different chest tube removal protocol, different discharge protocol, and different criteria of judging recurrence. We decided to check the results of the each published studies independently and evaluate the outcomes comprehensively. We attached narrative review reporting checklist Line 139-142 We searched only comparative studies of single-port and multi-port VATS for the treatment of spontaneous pneumothorax. Line 147-159, line 160 This article followed narrative review article. Methods included the way of searching of articles.

Main body included operative time, chest tube drainage duration, hospital stay, pain, paresthesia, recurrence and satisfaction. Line 162 We explained SIST as single-incision thoracoscopic surgery in line 116. Conclusion Your comment is right. We changed the conclusion into modest perspective.

Reviewer D

This narrative review describes on the safety and feasibility of single-port VATS for spontaneous pneumothorax using 17 articles. The content of this review is broadly acceptable for publication in this journal. However, it is easier to understand if the author adds a table that summarizes the parameters for each item in the review.

The author would make a better paper by adding tables for the factors as shown below if possible.

1. Detailed list of 17 articles (author, published year, country, etc.)
2. Summary of operative parameters (operative time, chest drainage duration, hospital stay, wound size, incision position etc.)
3. Evaluation of pain and paresthesia
4. Recurrence (time to relapse etc.)

Reply: We added table which contains the reviewed studies.

Reviewer E

It is my pleasure to review this article. The authors reviewed surgical outcomes of single port VATS comparing multi-port VATS for primary pneumothorax, with literature reviews.

The authors well summarized the outcomes of prior studies, that no further comments will be required.

1. Broadly covering title on review article for SPVATS seems more appropriate, instead of specific factors (including A, B, C).
2. Additionally, some grammatical corrections will be needed;
In line 153, ling to long
In line 232, nonstatistically to no or non-
In line 288, torqueing to torquing
In line 333, Bellectomy to Bullectomy

Reply: 1. We changed title to surgical outcomes for single-port VATS for pneumothorax: a narrative review 2. we corrected the grammatical fault.