

Peer Review File

Article information: <https://dx.doi.org/10.21037/vats-22-64>

Reviewer A

Would be good to include the latest techniques for nodule localization, like the ROLL seed (radiotracer fiducial) and the M-GOLL. Good review of techniques.

- Reply: Thank you very much for your review. We agree that ROLL and M-GOLL are the upcoming and valuable novel techniques that should be included in this review.
- Changes in the text: see page 15, line 316 to 335 and page 20, line 417 to 424

Reviewer B

This manuscript is important for understanding localization techniques currently used in MIS and VATS.

I have several questions and recommendations as follows.

- Page 5 About “Evolution from the past”

This review’s main theme is localization techniques. However, the authors described the evolution of CT and surgical approach in this section. Since it seems a bit redundant, why not summarize this section's contents and include them in the introduction?

This needs to be revised to be understood clearly by readers.

- Reply: Thank you for your comment. The introduction part has been modified and shortened to incorporate content from the “Evolution from the past” paragraph.
- Changes in the text: see page 4-6, line 50 to 98

- About “3D template-guided hookwire localization”

This method can be considered one of the devices of the hookwire method. Since the hookwire method is introduced in the section that follows this one, I feel there is some overlap in content.

- Reply: Thank you for this comment. We have modified the text to combine the use of 3D template in the paragraph about hookwire localization.
- Changes in the text: see page 18, line 381 to 392

The key to localization techniques is to combine different methods. I feel that there are too many sections and not enough cohesion. For example, it would be better to separate the sections into imaging devices (ILU, 3D reconstruction, endobronchial localization, and HOR) and substances implanted or injected into the lungs (liquid agents and fiducial marker).

- Reply: Thank you for your comment. In order to improve cohesion, re-arrangement on the different sections was done. We have separated the

sections into: manual palpation, imaging modalities, marker localization, use of hybrid operating room and upcoming techniques.

- Changes in the text: page 6-25, line 109 to 533

Because this paper summarizes useful information, I think the advantages and limitations of the localization techniques should be summarized in one table.

- Reply: Thank you for your comment. We totally agree that a simplified table would better summarize the main findings in our review. Hence, a table has been included (with advantages and disadvantages of each technique).
- Changes in the text: see page 27-30

The conclusion is too long. Please briefly state the conclusion you wish to emphasize most in this paper.

- Reply: Thank you for your comment. The conclusion has been summarized and shortened to highlight the main idea of this article.
- Changes in the text: see page 25, line 535 to 544