

Peer Review File

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Review comments

Reviewer A

Authors should be congratulated for their excellent work.

Comment 1: I have a general comment.

In the case of osteosarcoma patients is frequent the condition of finding of very small (as small of 1 mm) lung nodules (some authors address them as "deposits"). These lesions are often plate and they could not be seen in last generation, high resolution Chest CT, even retrospectively.

This is a main contraindication for a VATS.

Moreover the use of staplers are contraindicated when you think you are going to perform more than 3 resections, and performing a precision resection in VATS is often a time consuming and technically demanding.

According to our experience a video-assisted hybrid procedure (allowing the introduction of at least three fingers using a lateral minithoracotomy) could be safely used to reduce postoperative complications and the length of stay.

We have described multiple resections of 142 and 155 nodules in a single lung using such a technique, with a DFS of 10 years at the current time.

All these consideration should be considered in the discussion and conclusion section. You can ask to contact me directly if you will.

Reply 1: We would like to thank the Reviewer for their time and energy spent evaluating our work and for providing the comments above that have significantly strengthened the manuscript. Specifically, we have added new text and multiple new citations to paragraphs 1, 2, and 3 of the "Operative Strategy" subsection and paragraph 2 of the Conclusions section to discuss all of the aforementioned comments regarding the mentioned contraindication for VATS in osteosarcoma metastases, radiologic discordance with identifying these deposits on CT, the utility and issues associated with increasing number of stapling devices during VATS, and hybrid VATS approaches using mini-thoracotomy.

Comment 2: Minor comment:

Metastasectomy (not "metastectomy") is the correct term. This typo should be changed in the title and in the table 1.

Reply 2: We thank the Reviewer for pointing out this error on our part and have gone through the entire manuscript and table and corrected this typographical error.

Reviewer B

Comment 3: According to me the paper is interesting and makes you think about the opportunity to perform polmonary metastasectomy in children with minimally access as in adult patients. The English language is good.

Reply 3: We would like to thank the Reviewer for their time and energy spent evaluating our work.