

Peer Review File

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Review Comments

Reviewer A

This is a report about lung-parenchyma-sparing bronchoplasty. Basically I agree with the policies and content of the authors.

However, some additions are necessary.

Comment 1: Indication

Please describe the application of this technique in a little more detail. For example, I think the left main bronchus tumor is a good indication because it is long. What do you think about the tumor location and tumor size, other than the pathological diagnosis.

Reply 1: Thank you for your suggestion. We added this information in the section detailing Preoperative Preparations and Requirements.

Comment 2: Surgical procedure

In the video, it was approached from the front of the hilum. Please describe how to protect the underlying pulmonary arteries.

Reply 2: Thank you for your comment. This information has been added to the description of the surgical technique.

Comment 3: VAMLA

VAMLA was performed before the procedure. Did this VAMLA affect the procedure?

Reply 3: Thank you for pointing out that this was unclear. The video-assisted mediastinoscopic lymphadenectomy did not affect negatively the procedure because no positive lymph nodes were found on frozen-section analysis.

Reviewer B

Comment 4: Thank you for giving me the opportunity to review the manuscript. I applauded the successful results of this complex procedure, which demonstrated your team's sophisticated surgical techniques in minimally invasive surgery.

Reply 4: Thank you for your kind words.

Comment 5: The only thing I ask the author is to make the intraoperative figures easy to understand.

For example, intrathoracic structures including pulmonary vessels and bronchus should be denoted by arrows or arrowheads.

Reply 5: Thank you for this helpful suggestion. We added labels to the figures, as suggested, and modified the legends accordingly. We agree these should make the figures easier to understand.

Reviewer C

Comment 6: It's my pleasure to review chapter 9 "Lung-sparing bronchoplasty" by Dr Vieira and cols for this special issue about Advanced Uniportal VATS.

First, I'd like to congratulate authors for their good work.

Reply 6: Thank you for your kind words.

Here I include my comments:

Comment 7: Reference 5 and 16 are the same, please modify it.

Reply 7: Thank you for your astute observation. Reference 16 was removed, and the subsequent references were re-numbered.

Comment 8: Lung-sparing bronchoplasty is described with a Case Report in left secondary carina. If this is the Paper type chosen by authors, I think they could develop a more comprehensive review on the literature and previous descriptions of this technique. Maybe summarizing in a table the results of published series including etiologies, suture techniques, postoperative complications...could be illustrating for readers.

Reply 8: Thank you for sharing your concerns. This manuscript was actually submitted as a "Surgical Technique" article, and we followed the instructions on the journal's website pertaining to the structure of a Surgical Technique article to format this manuscript. Additionally, as part of the review process, the editor made several formatting recommendations that we have incorporated into the revised manuscript.

Comment 9: They describe a wedge resection of secondary carina: could they include in their discussion the advantages and disadvantages of wedge versus sleeve resection and reconstruction?

Reply 9: Thank you for your comment. This information was added to the discussion.

Comment 10: They describe a running suture after wedge bronchial resection: could authors describe different suture techniques and materials (interrupted vs running sutures, absorbable vs non-absorbable)?

Reply 10: Thank you pointing out that this was potentially unclear. A sleeve bronchial resection is shown. We have clarified this and added a short paragraph on suturing techniques to the discussion.

Comment 11: Authors mention that previous mediastinoscopy and lymph node dissection is useful for decreasing tension in LMB, but as the carcinoid was located in the secondary carina between LMB and lobar bronchi, may a dissection and taping of the pulmonary artery, and even dissection of the proximal PA in the posterior fissure be advisable for providing less tension to this section of the bronchus?

Reply 11: Thank you for your comment. We improved the description of the surgical technique stressing the need to reduce tension.

Comment 12: Could the authors provide a video illustrating the procedure?

Reply 12: Thank you for your comment. A video has been provided.

Comment 13: I think that the Figures should be labelled with the anatomical structures as suggested by previous Reviewers.

Reply 13: Thank you for this helpful suggestion. We added labels to the figures, as suggested, and modified the legends accordingly. We agree these should make the figures easier to understand.