

Article information: <https://dx.doi.org/10.21037/amj-23-63>

REVIEWER A

All the authors of this manuscript are very grateful for your suggestions and we tried to follow your advice, to implement in the text your observations. All authors agree with the corrections made to the paper.

Comment #1

In case report section

Line 77-79 Since the lung function of the patient was one of the important data for this patient, you should describe the results of lung function test in more detail.

Reply #1

I added in the text more detailed data to complete the description of the lung function.

Change in the text #1

page 5 lines 105-108

Comment #2

Although the highlight of this manuscript was the second pleurectomy/decortication, only a little information about the surgery was described. You should describe the operation findings in more detail. The readers including me would be interested in them. Furthermore, intraoperative photograph and specimen photograph would be more informative for readers.

Reply #2

I modified the text and I added more details to explain the intervention of the second pleurectomy/decortication. Surgical strategy has been driven by intraoperative findings and I hope this emerges from the description. We do not have images of the intraoperative specimen, but the pathological picture is in the Figure 3 in the reviewed version.

Change in the text #2

page 5 lines 109-117

Comment #3

In conclusion section

I suppose that your conclusion could not be led by this case report. This manuscript could lead only to present the second pleurectomy/decortication was carried out successfully in this case. I definitively disagree that second pleurectomy/decortication is a safe procedure.

Reply #3

I tried to mitigate the text, making this observation less assertive. Due to the rarity of this case, I described as a limitation the fact of having available the data of a single patient that certainly do not allow to generalize the results. As we explained in the text, most of the available data on the second surgery for recurrence of MPM are based on previous extrapleural pneumonectomy. For this reason, in literature many authors concluded that a second surgery is not safe for the amount of possible postoperative complications. It is sure that further studies with larger cohorts of patients are needed to analyze whether the preservation of lung function has a favorable impact on the outcomes in case of second surgery for MPM relapse.

Change in the text #3

page 4 lines 81-83

page 6 lines 150-152

page 9 lines 225-230

REVIEWER B

All authors of this manuscript are glad for the interest aroused by the paper. I am grateful to reply to your suggestions. All authors agree with the corrections made to the text, following your advice.

Comment #1

I fully agree with this case report. The only minor comment I would like to make regards to line 157. I would not consider a new mesothelioma on the contralateral side as a therapy failure. I would rather consider it as a second primary tumor. Presentation of mesothelioma with a pneumothorax is rare; we saw only 1 case in the past 23 years in a patient who was a musician (clarinet player).

Reply#1

In case of long-survivor after surgery for epithelioid MPM is very difficult to establish if the recurrence has to be rather considered a new primary tumor. In literature I did not find a definition that clarify this event. Due to the lack of definitions, in literature is common to find the recurrence of MPM labelled as failure of multimodal treatment.

Changes in the text #1

page 7 lines 167-169 (as reference)

Comment #2

I do have a question: the patient had an exceptional long survival after the first operation. Is there still pathology material available in in tissue bank for further examination. I was thinking of Ki-67 which has recently been described in the literature. A Ki-67 of 10 or lower was a predictor of long survival.

Reply #2

Ki-67 as a predictor of long survival in MPM patients is a relatively recent-acquired finding. In 2008 at the time of first operation, these data were not available. We should review the Ki-67 for all of our cases of MPM to have material for a future publication.

Change in the text #2

N/A

Comment #3

Furthermore; I fully agree with the authors that lung-sparing procedures are the procedures of choice since they come with less morbidity and mortality and leaves possibilities for additional treatment in case of recurrence of the disease or other lung problems which have to be addressed surgically.

Reply #3

Due to the rarity of this case, I described as a limitation the fact of having available the data of a single patient that certainly do not allow to generalize the results.

Changes in the text #3

page 6 lines 150-152