Peer Review File

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Reviewer A:

Comment: In their paper the author presented a case report on the use of ebus/eus in subcentimetric pet negative lymphnode.
Nevertheless the topic is interesting, at least a case series should be analysed. A single case report is not able to add anything to the current literature.

Reply: Thank you for reviewing our paper.

The clinical significance of the case is the biopsy results being positive for advanced (stage III B) poorly differentiated lung adenocarcinoma despite CT findings only showing subcentimeter lymphadenopathy (with a parenchymal thin-walled cyst) but no parenchymal nodule or mass. The PET scan was only obtained *after* EBUS and happened to be *positive* which was done for staging.

Even PET positive lymph nodes in suspected thoracic cancer that are subcentimeter are generally considered a diagnostic dilemma (https://pubmed.ncbi.nlm.nih.gov/34347657/), and most clinicians target lymph nodes greater than 1.5 cm as viable targets, as in this 73-patient retrospective analysis (https://pubmed.ncbi.nlm.nih.gov/22154791/) which had a median nodal size (short axis) of the patients with positive CT findings of 2.0 cm (interquartile range, 1.5–2.6).

Reviewer B:

Comment: Interesting manuscript.
I would like to know the type of needle used, number of passes and the existence of ROSE at the time of the procedure.
Did you receive that treatment because you were not a candidate for immunotherapy?
Would it be possible to have an image with the stations punctured?
Thank you

Reply: Thank you for reviewing our paper.

A 21-gauge Boston Scientific Acquire Pulmonary EBUS-TBNA needle was used.
During the procedure 5 passes were performed, at each station 11L, 10L, S7, 4R which were the only lymph nodes
Our institution does NOT have ROSE availability at this time.
The patient was staged as IIIB poorly differentiated adenocarcinoma did receive maintenance durvalumab immunotherapy after chemoradiation.

Unfortunately, we do not have images of the stations sampled available for submission. CT findings of the lymph nodes are included in the paper for your review.

Reviewer C:

Comment: Very interesting case expecially for the implication concerning the treatment of patient (up-stage)
Just minor considerations:
In technical description of EBUS, remember 19 G needle (you mentioned only 21 and 22); also 19 G are for cytoaspirates, although they are used for "core tissue" in benign lymph nodes or suspicious lymphoma

TB(F)NA is not commonly used. EBUS-TBNA is commonly used

Reply: Thank you for this input, the wording has been adjusted accordingly. For this patient a Boston Scientific Acquire 21 G needle was used. Malignancy was highly in our differential therefore our team decided to use the above needle. Lymphoma or benign disease were very low in the differential.