

Peer Review File

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Cover letter

Nanshan Zhong,

Editor-in-Chief,

Journal of Thoracic Disease

Dear Professor Zhong,

Thank you very much for reviewing our manuscript and providing valuable advice.

We have revised the first version of our manuscript according to the suggestions and comments of the reviewers. We have carefully modified and provided point-by-point responses and revisions to reviewers' comments. Our responses are attached to this letter.

I hope that this revised version can now be evaluated with a positive outcome.

Sincerely,

Hironori Ishida

Response to Reviewer A

Comments: The references are necessary to validate the sentences reported in the introduction. Overall the manuscript is choppy. The manuscript is not original and does not add anything new to the literature.

Reply: We thank for the Reviewer for this comment. Although this manuscript does not propose a novel surgical technique, we hope that it will assist trainee physicians and residents in improving their surgical skills for thoracoscopic surgery, based on practical and educational perspectives.

We have modified our text (see Page 2, Introduction; Page 9, line 15, In conclusion) and have added Ref. 1 and 3 (Page 10, line 13; Page 11, line 3) as indicated by the red text.

To Reviewer B

Comment: If I understand correctly, the authors introduce the acronym “NEWS” for traditional thoracoscopic wedge resections. Nevertheless, I did not understand the novelty of this “approach”. The principles of the “NEWS” technique are for my understanding the standard principles of thoracoscopic wedge resections, thus I would reject the manuscript for publication.

Reply: We thank for the Reviewer for this comment. Although we acknowledge that our approach is not novel as mentioned, we suggest that postsurgical local tumor recurrences of resection lines can be prevented using ring-shaped forceps according to our analysis of additional clinical data of 37 patients with 40 lesions.

We have added some data and modified our text as indicated in blue text (see Page 6, line 8, Results).

To Reviewer C

Comments:

1. Good teaching material.
2. Even your study has proper margin, the local recurrence rate still high. (In your previous study of 91 patients with 103 GGNs consisting of adenocarcinomas in situ and minimally invasive adenocarcinomas, only patients with 38 GGNs that were removed by wedge resections did not experience local recurrences during a median follow-up of 60 months) This result means anatomic resection is still needed to avoid local recurrence.

Reply: We thank the Reviewer for the favorable comment and suggestion.

We have described the surgical indications for wedge resections of primary lung cancers in the “Introduction” and “Case reports” sections. Our previous study (Ref. 9) and Figure 7 have been deleted since the emphasis of our manuscript is on the educational perspectives for trainee physicians and resident. We have modified our text as indicated in red and green text (see Page 5, line 5, 11, 18).

To Reviewer D

Comments:

My largest concern about this study is the methods. To validate a technique, especially

for neoplasms, it is necessary to present the results. According to my knowledge, the gold standard surgical treatment of small pulmonary nodules manifesting as GGNs on CT images, which at intraoperative histological examination proved to be early-phase lung adenocarcinomas (< 2 cm in diameter), is segmentectomy and not wedge resection.

Detailed Evaluation.

Material and Methods/Results: I would suggest the Authors to divide the patients in two groups: primary tumors and metastasis and provide a recurrence and survival curve by life table method in the 2 different groups.

Discussion/Conclusions: Should be re-edited according to the new results.

Reply: We agree with these comments and have incorporated our responses into the manuscript. We have analyzed the data of 37 patients with 40 lesions, operated on by trainee physicians and residents, based on practical and educational perspectives. We demonstrate that this traditional technique is easy and simple for trainees and may prevent postsurgical local recurrences. However, we need to accumulate further data and determine whether this method may be more useful in an educational setting and clinical practice.

We have added data and modified our text as advised (see Page 2, Introduction; Page 6, line 8, Results; Page 9, line 10) as indicated by purple, blue, and red text.