

Peer Review File

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Reviewer:

I would like to congratulate the authors on the interesting paper titled “Spontaneous ventilation video-assisted thoracic surgery for mediastinal tumor resection in patients with pulmonary function deficiency.”

The application of spontaneous ventilation in thoracic surgery has been described for a few years now. However, the pace of implementation of spontaneous ventilation for anesthetic management in thoracic surgery departments is very slow and the method is used rarely. The number of publications on the topic, especially in the group of patients with mediastinal diseases and impaired lung function is very low and studies in the area are needed. Some papers that cover the topic of SV have already been published in the ATM and I think that the present paper lies in the scope of the Annals. The paper has some potential to be cited by future studies.

The paper is written in a clear and concise way, with proper English, in most parts according to the requirements of the ATM.

In the “Introduction” section the authors cover the present state of knowledge on the topic, describe the areas of uncertainty and state the aim of the study.

“Materials and methods” include all the elements needed: ethics committee approval, type of the study, department, time frame, design, groups, inclusion and exclusion criteria. The process of inclusion of patients is summarized in a nice flowchart. The anesthesia and surgery are well described, as well as postop care, data collection, and statistical analysis.

Results are presented mostly in a proper way.

Discussion is thorough, the authors analyze the findings presented in other papers and compare them to the results of their study. Limitations of the study are stated.

In summary, the paper is written in a proper way and cover the up-to-day topic.

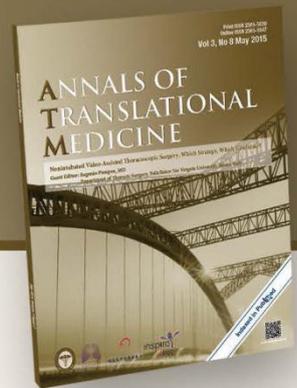
I have a few comments:

1. The aim of the study should be more clearly stated. “Safety” could be used, but “feasibility” does not mean much from a scientific point of view. “Short-term results” could be used instead.

Response: Thank you very much for your comments. We changed the expression in manuscript.

Change in text: The aim of this study was to evaluate the short-term results of SV-VATS for mediastinal lesion in patients with impaired pulmonary function.

2. “Conclusions” should be written in a more consistent way, without using generalizations and unclear statements – what do “selected patient”, “judicious evaluation of advantages and risk” mean from a scientific point of view? Conclusions should be clearly linked to the aim and results of the study. I think



that the conclusion of the study is that SV-VATS is safe and provides similar short-term results to MV-VATS for mediastinal tumor resection in patients with limited pulmonary function.

Response: Thank you very much for your comments. We changed the expression as your advice in manuscript.

Change in text: SV-VATS is safe and provides similar short-term results to MV-VATS for mediastinal tumor resection in patients with limited pulmonary function.

3. Line 67: "...ciliary injury, etc." – citation should be added to support the statement.

Response: Thank you very much for your suggestion. We added two references to supported the sentence. Please check.

4. There are some minor errors, Line 98 "...>30);" should be "...>30)." Line 196: "(15)" should be "(15)."

Response: Thank you very much for your comments. We changed the expression as your advice in manuscript.

5. Citations must be checked and corrected according to the ATM requirements!!! – Family names of the authors should be given.

Response: Thank you very much for your comments. We changed the citations as your advice in manuscript.

6. In the case of patients with thymoma, the completeness of resection should be stated (R0/R1).

Response: Thank you very much for your suggestion. We reviewed the electronic database. All cases in this study achieved R 0 resection. We also added this in manuscript.

Change in text: Cases both in MV-VATS and SV-VATS achieved R0 resection.

7. Sore throat is observed commonly in patients after intubation, it could be good to stress that it was more common in patients with MV compared to SV (even if the difference did not reach significance).

Response: Thank you very much for your suggestion. We emphasized the outcome in result part.

Change in text: Although no statistical significance was observed, sore throat appeared more in MV-VATS group (11.8% vs. 0%).

In summary, I can recommend the paper for the publication in ATM after minor revision.

Response: Thank you again for your positive feedback.