Author's response to reviews

Title: Single Incision Thoracoscopic Right Upper Lobectomy with Systematic Lymph Node Dissection

Authors:

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Version: 3 Date: 30 October 2013

Author's response to reviews: see over
Dear editor

Thank you for acceptance of my manuscript

Corresponding author is changed because Dr. Wang was retired

Dr. Kim is carried out revision of the draft and 2nd revision with me.

Reviewer's report

Title: Single Incision Thoracoscopic Right Upper Lobectomy with Systematic Lymph Node Dissection

Version: 2 Date: 13 September 2013

Reviewer: Shigeki Sawada

Reviewer's report:

Thank you for the opportunity to review the manuscript entitled “Single incision thoracoscopic right upper lobectomy with systematic lymph node dissection” by Jeon et al.

I have never tried single incision VATS before and I think lobectomy and lymph node dissection with a single incision would be more complicated than those with 2 or 3 ports VATS.

As the authors mentioned in Discussion section, even in VATS (conventional as the authors described in this paper), some patients suffer from pain and numbness due to intercostal nerve paresis. One of the approaches to relieve these symptoms might be to decrease port or incision size and number of port. Single incision VATS might be the best approach to minimize this issue.

I have a couple of question about this paper.

Major Compulsory Revisions
1) Was epidural anesthesia performed in this case? Or were other analgesics administrated in this case? The authors showed the results of visual analog scale of pain. It is reasonable to show whether analgesics was used.

We included the method of pain control in the manuscript

2) The authors mentioned that “VATS lobectomy with complete mediastinal node dissection is feasible to safe procedure for lung cancer”. I think this sentence was too exaggerated and inappropriate, because this paper reported results of a single case and it is not sufficient to lead to such conclusion.

We deleted this sentence

Minor Essential Revision

I agree that single incision VAT is a very difficult procedure and that requires surgical technique, but personally, I think this technique is one of variations of VATS. If the authors assume Single incision VATS is an identical and different technique from conventional VATS, some comments should need to be added to emphasize an advantage of this technique in Discussion section. For example, reduction of pain, etc. Although I understand it is might be a tough request for a single case report.

We added the potential advantage of single incision surgery

Discretionary Revisions

In Discussion section, the authors mentioned other 8 patients who underwent single incision VATS for lung cancer. How did they go? Will the authors get these patients together and report an outcome in the future?

We deleted this sentence and changed. We added first experience of single incision lobectomy.

Level of interest: An article whose findings are important to those with closely
related research interests

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I certify that no conflict of interest exists.

Reviewer's report

Title: Single Incision Thoracoscopic Right Upper Lobectomy with Systematic Lymph Node Dissection

Version: 2 Date: 22 September 2013

Reviewer: Masaya Tamura

Reviewer's report:

Major Compulsory Revisions

Although the authors insisted that a single incision lobectomy was possible using the same instrument as conventional VATS, some new devise is needed to ensure safety and surefire. In the view of VIDEO, the lymph node dissection was not enough quality.

We added the need of new devise for single incision surgery

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests.
1. Please include all the co-authors' email addresses in the Title page.

_We changed title page_

2. Please reposition the Keywords section after the Abstract section.

_We repositioned the key words section_

3. Please include the Ethnicity of the patient in the Case Presentation section.

_We included the Korean male in the manuscript_

4. Please complete the Consent statement. We recommend the following wording is used for the consent section:

"Written informed consent was obtained from the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal."

_We changed according to the police of journal style_

5. Please include a Competing Interests section before the Reference list. If the authors have no competing interests, please state: "The authors declare that they have no competing interests."

_We changed according to the police of journal style_

6. Please reformat the Authors' Contributions section at the end of the manuscript, before the reference list. We suggest the following kind of format (please use initials to refer to each author's contribution):

?AB carried out the molecular genetic studies, participated in the sequence alignment and drafted the manuscript. JY carried out the immunoassays. MT participated in the sequence alignment. ES participated in the design of the study and performed the statistical analysis. FG conceived of the study, and participated in its design and