Reviewer’s report

Title: Video-assisted thoracic bronchial sleeve lobectomy with bronchoplasty for treatment of lung cancer confined to a single lung lobe: a case series of Chinese patients

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Reviewer: Shigeki Sawada

Reviewer’s report:

Thank you for the opportunity to review the manuscript entitled “Video-assisted thoracic bronchial sleeve lobectomy with bronchoplasty for treatment of lung cancer confined to a single lung lobe: a case series of Chinese patients” by Drs. Daping Yu et al.

I agree that sleeve lobectomy via VATS is always big challenge. I’ve read this paper with great interest. I have several questions and issues to be mentioned.

Minor Essential Revisions

1) Introduction of this paper is too long. Introduction should be shorter. For example, the second paragraph and third paragraph might not be needed.

2) The results of histological examination showed squamous cell carcinoma in 1 patient, and carcinoid cancer in in 6 patients in the text and Table.2. But Table.4 showed carcinoid cancer in 1 patient and squamous cell carcinoma in 6 patients. I suppose that Table.4 showed the right histology. These data should be double-checked again.

3) In the Operative procedure of Methods sections, the decision to perform VABSL was based on “preoperative computed tomography scans showing small peripheral lung cancer without enlarged lymph nodes”. What does this sentence mean? Did you perform VABSL for patients with small peripheral lung cancer?

4) In the Operative procedure of Methods sections, the authors described that Patients were placed in a prone position. I want to make sure if VABSL was performed in patients placed in “prone” position?

5) In the Operative procedure of Methods sections, the authors described that Pulmonary artery and vein branches, as well as the bronchus, were divided using an EndoGIA vascular stapler. I believe that bronchus is usually cut with knife or scissors in sleeve lobectomy. I want to make sure if bronchus was divided with stapler. Was bronchus divided with stapler in this study?

6) In the Operative procedure of Methods sections, the authors described that postoperative bronchoscopy was performed to clear blood and secretions from the airways prior to extubation, and sutures were inserted as needed. Could you tell where the sutures were needed when postoperative bronchoscopy was performed?
7) The section of Pathological confirmation in the Methods might be omitted.

8) Patient demographics and clinical characteristics section in the Results, the authors described that preoperative mediastinoscopy indicated an absence of local metastasis. But in the next sentence TNM stages of ................. and N2 (2/9, 2.2%). Mediastinoscopy is usually performed in order to exclude N2 disease. Was N2 disease observed in 2 patients out of 9 although mediastinoscopy was performed in all patients?

9) In the top line in the Discussion section, the authors described that “In these 9 cases, VABSL was successfully used to treat early stage lung cancer”. However, VABSL was actually performed in 3 patients with p IIA-IIIA disease, which I believe is not an early stage LC.

10) I understand that it is difficult to compare operative times between institutes since surgical technique of sleeve lobectomy varies and average operative time of sleeve lobectomy should be different between institutes. However, I think that operating time of 292 ± 46.0min is not short even in sleeve lobectomy. It would be/might be a good idea for the authors to show an operating time performed by open thoracotomy and compare it with that of VABSL.

11) There are several misprints, for example N1 (1/9, 1.1%) #11% N2 (2/9, 2.2%)#22%. Please make corrections. And need to be careful for these avoidable errors.

12) It is not a technical issue, but a concern of an indication of resection for small cell lung cancer. I agree surgical resection can be taken into consideration in Stage IA small cell lung cancer. However, 2 patients with T2N1 SCLC disease and T2N0 SCLC disease in Table.1 were operated. I consider that a surgical treatment for these patients might be questionable.

13) One of the topics of VABSL should be on how to suture the anastomosis of bronchus. “Bronchial anastomosis was applied” was not enough to explain. It is better to describe more in details.

Sleeve lobectomy via VATS is always challenging and this paper attempted to address very interesting topic. However this paper has several misprints and unclear explanations. These should be fixed or explained clearly before accept for publishing.

**Level of interest:** An article of limited interest

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare no competing interests in relation of this paper.