Author’s response to reviews

Title: Wine cup stoma anastomosis after extended sleeve lobectomy for central-type squamous cell lung cancer: a case report

Authors:
Mitsunori Higuchi (higuchi@fmu.ac.jp)
Masayuki Watanabe (mw75286162@gmail.com)
Kataro Endo (zygomatic1986@gmail.com)
Ikuro Oshibe (oshibe@fmu.ac.jp)
Nobutoshi Soeta (soe@mve.biglobe.ne.jp)
Takuro Saito (takuro@fmu.ac.jp)
Hiroshi Hojo (hirohojo@fmu.ac.jp)
Hiroyuki Suzuki (hiro@fmu.ac.jp)

Version: 1 Date: 04 Feb 2019

Author’s response to reviews:

Mr. VIPIN ZAMVAR,
Dr. DAVID TAGGART,
Editor-in-Chief
Journal of Cardiothoracic Surgery,

February 5, 2019

Title: Wine cup stoma anastomosis after extended sleeve lobectomy for central-type squamous cell lung cancer: a case report

Paper #: JCTS-D-18-00232

Corresponding author: Mitsunori Higuchi

Dear Mr. Zamvar and Dr. Taggart,

Thank you very much for the valuable comments regarding our manuscript, which we have revised extensively in accordance with the reviewers’ recommendations. We believe that
our revisions satisfactorily address all of the points raised by the reviewers. Enclosed please find point-by-point responses to the reviewers’ comments. Thank you for your critical review, and we look forward to hearing from you.

Yours sincerely,

Mitsunori Higuchi, MD, PhD,
Associate Professor,
Department of Thoracic Surgery
Aizu Medical Center, Fukushima Medical University
21-2 Maeda, Tanisawa, kawahigashi, Aizuwakamatsu, 969-3492 Japan
Phone: +81-242-75-2100
Fax: +81-242-75-2568
Email: higuchi@fmu.ac.jp

Responses to reviewers’ comments

Reviewer #1: The authors report an interesting case of bronchial sleeve resection with a special technique for anastomosis. Although the technique is not new, the topic is important and 'refreshing' such techniques is usually interesting for the readers.

Major revisions:

The histopathology image (4) does not really add anything to the case report and should therefore be omitted. Instead, a schematic picture of the anastomosis technique (wine cup stoma) is essential for understanding the whole case report - this should be added to the article.

Response

Thank you for your valuable suggestion. I added a schematic picture of the anastomosis technique instead of histopathology image as Figure 4.

Minor revisions:

There are some minor language/spelling errors - please check manuscript.

Examples:

- Abstract: under Conclusions: 'Herein' instead of 'Here'
-Discussion and Conclusion, Page 6, lines 24/25 - omit 'being' (it should just say 'using' instead of 'being using')

-References: Ref 15: 'pneumonectomy' instead of 'pneumonectomy'

Response

Thank you for your careful check-up of many typos in this manuscript. I carefully checked and revised them as well.

All in all an interesting read - once the authors can add a schematic drawing/picture of the technique (wine cup stoma) and correct the few minor spelling/language errors, the paper is well worth publishing!

Response

Thank you for your positive comments, which so encouraged us! Thank you again.

Reviewer #2: The authors reported an interesting case of the management of a central-type squamous cell lung cancer. They have avoided pneumonectomy and successfully performed only extensive sleeve lower lobectomy with "wine cup stoma". This case might be of interest to readers because of its rarity.

I congratulate them for their paper and their overall operation and management. Their text is well written. The "case report" is well described. The topic is enough and well discussed. Generally, my opinion about this case report is positive.

Response

Thank you for your positive comments. I was so pleased with your messages and I thought I should continue helping many lung cancer patients.

Reviewer #3: The manuscript entitled "Wine cup stoma anastomosis after extended sleeve lobectomy for central-type squamous cell lung cancer: a case report" was reviewed. The authors describe an interesting, though not novel, technique to address the challenging scenario of significant size discrepancy whenever an extended sleeve lobectomy is considered. I think the paper is well written and the message is clear. I have some suggestions aimed to improve the text and possibly increased the interest of the readership of JCTS.

1) In "Case Presentation" section, I suggest the authors include the PFT results since they mention severe emphysema based solely on CT scan findings.
Response

Thank you for your valuable comment. I added PFT results as Table 1 and commented in Case presentation section.

2) In the same section, there is no description of the surgical approach used by the authors to perform the extended sleeve lobectomy. Incision, muscle-flap reinforcement or not...

Response

Thank you for your critical comments. I added surgical approach in detail in Case presentation section.

3) Still in "Case Presentation", I suggest the authors provide information on the postoperative course, such as complications, LOS, need for toilette bronchoscopy...

Response

Thank you for your suggestion. I added postoperative course in Case presentation section.

4) Page 6, line 18 there is a typo "bronshi" vs bronchi;

Response

I carefully checked and revised some typos.

5) In "Discussion and Conclusions" section, 2nd paragraph, the authors mention "The first two techniques may result in stenosis or obstruction of the anastomosis, mainly because of the surgeons' lack of experience with the technique." There is no citation on that, so I assume this statement is based on the authors' experience. Can you further clarify in the text?

Response

The sentence, which the reviewer #3 pointed out, was just an authors’ hypothesis from imagination. Therefore, we deleted this sentence.

6) I am not sure how relevant Figure 4 is. I suggest adding further pictures of the CT, more representative of the extension of the tumor (coronal view, 3D reconstruction), versus just adding a histology picture of a squamous cell carcinoma. May be a postoperative CT scan would be more informative as well.
Response

Thank you for your valuable comments. Another reviewer also pointed out this issue. I added a schematic picture of the anastomosis technique instead of histopathology image as Figure 4. And I also changed the picture of CT, which showed infiltration of tumor to lingular division bronchus. We had no good images of coronal view, sorry.