Author’s response to reviews

Title: The 3-D printing model streamlined surgical procedures on an intricate condition of airway compression caused by a devastating mediastinal chondrosarcoma- case report

Authors:

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Version: 1 Date: 06 Nov 2019

Author’s response to reviews:

Reviewer reports:

Reviewer #1:

Q1. Do you believe the case report is authentic?

Yes.

A1. Thanks.

Q2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

No.

A2. Thanks.

Q3. Does the Introduction explain the relevance of the case to the medical literature?

Yes.

A3. Thanks.
Q4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments:

A4. Thanks.

Q5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments:

A5. Thanks.
Q6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes/No.

A6. Thanks.

Q7. Is the Abstract representative of the case presented?

Comments:

A7. Thanks.

8. Does the case represent a useful contribution to the medical literature?

Comments:

A8. Thanks.

Q9. Additional comments for the author(s)?

Very interesting article indeed. Thank you for allowing me to review it.

A9. Thank you very much.

Reviewer #2:

Q1. Do you believe the case report is authentic?

Yes

A1. Thanks.

Q2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:
A2. Thanks.

Q3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

A3. Thanks.

Q4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
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d. Diagnostic assessments, including:
   - Diagnostic methods
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   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments: yes
A4. Thanks.

Q5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: yes - however, the authors should elaborate more on how they precisely used the 3D-printed model to prepare for the patient's surgery

A5. We will add the process of 3-D model with new figure and supplementary video. Upon rudimentary knowledge, the mock-up entity allow that patient quickly comprehend the mystery between intricate airway and devastating tumor. He and his family granted the full consent of two stage operation and realized the needed cooperation, transcervical approach for tracheal obstruction under spontaneous ventilation, to prevent risk of conventional general anesthesia. We will revise the content of manuscript, thanks.

Q6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

A6. Thanks.

Q7. Is the Abstract representative of the case presented?

Comments: yes

A7. Thanks.

Q8. Does the case represent a useful contribution to the medical literature?

Comments: yes - potentially great example of the use of 3D printing, authors just need to explain how they used this technology: practice, etc.

A8. We will add the process of 3-D model with new figure and supplementary video. Upon rudimentary knowledge, the mock-up entity allow that patient quickly comprehend the mystery between intricate airway and devastating tumor. He and his family granted the full consent of two stage operation and realized the needed cooperation, transcervical approach for tracheal obstruction under spontaneous ventilation, to prevent risk of conventional general anesthesia. We will revise the content of manuscript, thanks.
Q9. Additional comments for the author(s)? PFT results probably do not need to be included in the publication

A9. We will delete the PFT figure, thanks for your reminding.