Dear Editors and Reviewers:

Authors reported the safety and feasibility of 3D-CTBA in performing VATS for lung cancers. These methods are interesting but several problems are included in this report.

#1 Why this cohort is not including the segmentectomy in basal segment including S7, S8, S9, and S10? Criteria of segmentectomy should be described correctly.

Response:Special thanks for your kind suggestions.Your comments are highly helpful.This a very good point.It is a great challenge and improvement for us to perform segmentectomy of the basal segment including S7, S8, S9, and S10.Our research is s retrospective study.During our statistical period,there were no suitable relevant cases.In future,we will collect the cases of segmentectomy in basal segment including S7, S8, S9, and S10,which deserves future investigation.

Based on US National Comprehensive Cancer Network (NCCN) guidelines for lung cancer, indications for VATS segmentectomy were as follows: (I) poor lung reserve or other major comorbidity that contraindicated lobectomy; (II) peripheral nodule ≤2 cm with at least 1 of the following: (i) pure adenocarcinoma in situ (AIS) histology; (ii) nodule had ≥50% ground-glass appearance (GGO) on CT; and (iii) radiological surveillance confirmed a long doubling time (≥400 days).

Reference:NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Non-Small Cell Lung Cancer (Version 6.2019). Available online: http://www.nccn.org/patients.

#2 If utility of 3D-CTBA was assessed in performing VATS for lung cancers, author should be comparing the data between before and after introduction of 3D-CTBA.

Response:We appreciate for your kind suggestions and good comments. Currently,owing to the complex anatomical variations of segmental vessels and bronchi, thoracoscopic segmentectomy requires more technical meticulousness than lobectomy.Therefore,subsegmental resections or combined subsegmental resections were assisted by 3D-CTBA in all cases of our study.

#3 In Table 1, smoking history and comorbidity should be include in characteristic of patients.

Response:Thanks very much for your kind suggestions.This a very good point.Considering your kind suggestion,we have added smoking history and comorbidity into characteristic of patient in table 1,which are marked in red color.

#4 Sizes of font are quite small in all Figures.

Response:Thanks for your careful and serious attitude towards scientific research. We feel very sorry for our small font in figures.Considering your kind suggestion,we have tried our best to amend the fonts of figures.Because the font was labeled on the image,if the font is large,it will shade the bronchial and pulmonary vessels in the image.If we need to,we can amend the figures until you are satisfied.

#5 To assesses the safety and feasibility of 3D-CTBA in performing VATS for

lung cancers, size of cohort is quite small to conclude those results. Size of cohort should be included limitation.

Response:We appreciate for your recognition of part of our research.Special thanks for your kind suggestions.Your comments are highly insightful and enable us to greatly improve the quality of our manuscript.We feel very sorry for our imperfect size of cohort.The small size of cohort is due to the limitation of our department volume and statistical time.Size of cohort has been included in limitation in revised manuscript(Line 369-370).

#6 There are several misspellings in this paper. Line54: poteoperative ICU, Line 119: lymph node matastasis or small-cell lung canceris Lien 126:matastasis, Line 133: Patitents, Line256 poteoperative, Line273: to.assess

Response:Thanks very much for your kind suggestion.We feel very sorry for our spelling mistakes.We have corrected the spelling mistakes according to your suggestions,which were marked in red in revised paper in Line 54,119,133,256,and 273.Since we are non-native English speakers, we ask native speakers from professional English service agency to check English in our manuscript. The certificate of language editing attached have been uploaded. To the best of our ability,all detectable typos and grammatical mistakes have been corrected,which are marked in red in the revised version.