



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 64295

**Title:** Thoracoscopic segmentectomy and lobectomy assisted by three-dimensional computed-tomography bronchography and angiography for the treatment of primary lung cancer

**Reviewer's code:** 05408336

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-02-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-21 05:45

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

### **SPECIFIC COMMENTS TO AUTHORS**

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. Major comments #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. #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. #3 In Table 1, smoking history and comorbidity should be include in characteristic of patients. #4 Sizes of font are quite small in all Figures. #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. #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