

Reviewer #1:

Comment 1:

Response: Thank you for your generous and detailed evaluation of this manuscript. Just as you had mentioned, this manuscript based on a retrospective case series, there were still some drawbacks need further prospective study to answer. In the future, we will move on and pay special attention to this topic, hope to go deeper.

Reviewer #2:

Comment 1: There is no hospital name is materials and methods section. Can you write it down?

Response: Thanks to the reviewer's suggestion, we have added the name of our institution to make it more clearly (manuscript page 5, lines 2).

Comment 2: Although there were no major complications mentioned, what are the percentages of minor complications postop?

Response: Although no major complications in these eighty cases of this study, there were indeed a few minor adverse events. Transient hypoxemia was seen in 12 (15%) patients who recovered after increased the flow of oxygen immediately (manuscript page 8, lines 30-31).

Comment 3: How many patients who had no definitive diagnosis?

Response: As for the 80 patients fulfilled the eligibility criteria, EBUS-TBNA acquired 66 definitive diagnoses (manuscript page 7, lines 15-20), and remaining 14 patients did not get a definitive diagnosis by EBUS-TBNA (manuscript page 7, lines 21-25).

Comment 4: Was it only recommended to do mediastinoscopy, VATS, repeated EBUS or was it done?

Response: All the 14 patients without definitive diagnosis under EBUS-TBNA were recommended to receive further examination. 6 patients received surgery (4 mediastinoscopy and 2 VATS) (manuscript page 7, lines 26-27). The remaining 8 patients refused further interventional procedures, received radiologic and clinical follow-up for at least 12 months.

Comment 5: If done, what is the percentage of diagnosis of lymph nodes following these interventions?

Response: As for the 6 patients received further interventional procedures (4 mediastinoscopy and 2 VATS), all of them got a definitive diagnosis, including 3 extrathoracic malignancy with intrathoracic nodal involvement, 1 tuberculosis and 2 lymphoid reactive hyperplasia (manuscript page 7, lines 28-31).

After the revision of manuscript according to the reviewers' comments, we would like to re-submit this revised manuscript to *World Journal of Clinical Cases*. We hope that these responses could clear up reviewers' concerns and the revision could meet your expectation.

Looking forward to hearing from you soon.

Yours Sincerely,

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