

## Peer Review File

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### Reviewer A

Congratulations. well written paper and I concur with the algorithmic approach to patient selection, optimization and surgical selection. Would consider a table listing open and robotic periop outcomes, such as reintubation, postoperative bronchoscopy, prolonged vent support, tracheostomy, discharge to home, mortality, ... as this supports lines 220-222, "The robotic approach offers significant advantages over a thoracotomy, and seems to be associated with a shorter hospital stay" and would briefly discuss and cite in the introduction or discussion the benefits of MIS over thoracotomy, and expound upon lines 92-93, "the advent of the robotic technology with its more precise wristed motion that opened new horizons for tracheobronchial surgery" and overall less morbidity.

Line 102, "In this manuscript, we review technical considerations in the surgical treatment of TBM," - a video of the robotic approach would augment the technical considerations.

lines 200-201 "The role of stenting in TBM is discussed by Majid and colleagues in this series." needs to be referenced, cited.

### Response

*We thank the reviewer for this thoughtful comments. We added more data about our case series but please acknowledge that our intent is not to publish our full experience in this review article. We wanted to mention some outcomes to illustrate this experience and give more credibility to the manuscript . We currently have the patients fill multiple questionnaires before after treatment, and our goal is to publish the case-series once we accrue more patients.*

*We added a short video to illustrate the robotic tracheobronchoplasty*

*Regarding the article by Majid et al, it has not been published yet, and I think we can add the references once the series is ready for publication. Help from the editor is also welcome in that regard..*

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### Reviewer B

The authors submit their paper on 8 patients who underwent repair of TBM with tracheobronchoplasty, 5 open and 3 robotic. They report on an improvement in FEV1 and DLCO however they do not report the results of their operations, morbidity/mortality, LOS, etc.

In addition, there is no data on the patient reported outcomes in the form of the St. Georges respiratory questionnaire. Although patients were found to have airway collapse on CT and bronchoscopy, this was on forced expiration, not normal tidal breathing. The use of a stent trial was

not documented. I would encourage the authors to add to their series and report on the rest of their data when they have real outcomes.

***Response***

*We thank the reviewer for this thoughtful and rightful comments. As explained above, our goal is not to fully publish our experience with TBP. Our goal to accrue more patients and eventually publish our outcomes and detailed experience in the future, including reports on quality of life and respiratory questionnaires before and after surgery.*

*This being said, we added data on length of stay and operative time in the revised manuscript.*

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