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Peer Review File

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Review Comments

The authors should be congratulated for their successful robotic thymectomy for 9 cm thymoma. This manuscript aimed to confirm the efficacy and safety of applying the minimally invasive approach in tumours over 5 cm. It is well organised and presented, making itself potentially publishable at MED. However, there are a few concerns.

Major concerns

1. In the introduction, reference 3, 4 and 5 are not more recent literature compared to reference 2.
And why this case report is unique is not well explained. For example, there's no description of how this case be different from those similar cases (over 5 cm) in which robotic surgery was also applied.

Reply 1: We have updated our literature references to comply with more recent sources. We have added why our case report contributes to existing literature on (see page 3, lines 56-59).

Changes in the text include:

1) Odaka M, Shibasaki T, Kato D, Mori S, Asano H, Yamashita M, et al. Comparison of oncological results for early-and advanced-stage thymomas: thoracoscopic thymectomy versus open thymectomy. Surgical endoscopy. 2017;31(2):734-42.
2) Kneuertz PJ, Kamel MK, Stiles BM, Lee BE, Rahouma M, Nasar A, et al. Robotic thymectomy is feasible for large thymomas: a propensity-matched comparison. The Annals of Thoracic Surgery. 2017;104(5):1673-8.
3) Wilshire CL, Vallières E, Shultz D, Aye RW, Farivar AS, Louie BE. Robotic resection of 3 cm and larger thymomas is associated with low perioperative morbidity and mortality. Innovations. 2016;11(5):321-6.

2. There's no discussion of limitations.

Reply 2: We have included further limitations of minimally invasive thymectomies with regards oncologic principles (see page 6, lines 236-240).

Changes in the text: The type of approach should not compromise oncologic principles of achieving R0 resection; surgeons with inadequate experience should not attempt a complex thymectomy robotically if there is a significant risk of disrupting the capsule or

performing an incomplete resection. There should be no hesitation for conversion to open if deem necessary to preserve oncologic principles.

Other concerns

3. Title and keywords. Add "case report" in them.

Reply 3: We have added "case report" to both title and keywords.

Changes in the text: Robotic Thymectomy for 9 cm Thymoma Requiring Pericardial Resection and Reconstruction: A Case Report.

4. Abstract. 200~350 words are required. Importantly, the present abstract almost lacks all vital information regarding the CARE checklist 3a, 3b, 3c and 3d.

Reply 4: Thank you for your recommendation. We have further expanded upon the abstract and have addressed sections 3a (see page 2, lines 36-38), 3b (see page 2, lines 39-41), 3c (see page 2, lines 39-41), and 3d (see page 2, lines 43-45).

Changes the text:

Excision of large thymomas using the robotic platform is no longer considered a rare event, however few publications have described the use of minimally invasive surgery for en bloc excision of the pericardium with mesh reconstruction. We present a case of an asymptomatic 9 cm thymoma involving the pericardium and right lung upper lobe that was resected via bilateral robotic-assisted thymectomy en bloc with wedge resection and pericardial resection with mesh reconstruction. The patient was discharged home on postoperative day 3 with minimal pain and narcotic requirement. We aim to contribute to the existing literature supporting the use of the robotic platform during complex thymectomy. This minimally invasive technique has been associated with shorter hospital stay, reduced pain and faster recovery.