

## Author Response 2

### Reviewer 2

1. The authors have done a nice job of revising the manuscript. I believe it is acceptable for publication after correction of typos and minor grammatical errors. For example, page 3 line 59 "was still lack" needs correction.

Answer: We revised them.

2. I believe it would also be useful for the authors to provide the readers some insight into when this technique is necessary. In my experience, a 5 mm, peripheral solid nodule is palpable. I tend to utilize localization when I am concerned that I will not be able to palpate the lesion, for example ground glass and cavitory lesions, or small solid lesions that are 2-3 cm deep. Do the authors use this for all nodules <3 cm? That would seem to be overkill.

Answer: We used this coil localization for all nodules with a lesion-pleura distance  $\leq 3$  cm. Definitely, peripheral solid nodules may be palpated. However, detection of the nodules was time-consuming. In contrast, when we performed the coil localization, the visualization of the coil tail could directly guide us to find the nodules.