

Reviewer 1 v.1

Comments to the Author

#1 Lower complication rate and success rate of VATS were excellent.

#2 How did the authors perform informed consent about using coil for localization.

Usually, there is no adaptation using coil for localization of lung tumors. So, informed consent and permission of the committee were essential to use coil for localization. The authors are required to describe about informed consent in this paper.

#3 Please describe in discussion, why the complication rate was low after coil localization compared to hook wire system.

#4 Please add limitation about selection bias. In inclusion criteria, deep located lesions were excluded in this study. Some papers reported that deep location is the risk factor of pneumothorax for lung biopsy. Thus, this study may underestimate the complication rate of pneumothorax.

#5 What is the meaning of statistical value. What is the meaning of comparison between unilateral nodules and bilateral nodules. These statistical data did not indicate the safety of one-stage treatment of bilateral nodules. Bilateral pneumothorax could occur after bilateral localization.

#6 P2 line 7th

Preoperative computed tomography (CT)-guided coil localization can increase the technical success of video-assisted thoracoscopic surgery (VATS)-guided diagnostic wedge resection of lung nodules.

Please describe about the control group. Compared with non-localization group?

#7 P2 line 51th

Please describe the median value of follow-up period also in the abstract.