Reviewer 2 v.3

Comments to the Author

The authors mention that this procedure makes the identification of nodules more expeditious. It would seem to me that is a bit of a stretch and implies to the reader that they are likely placing wires in nodules that could likely be palpated. The key with this technology is to find a balance, use it when you identify a nodule that you believe you could not palpate, not to use it on every nodule available. In my practice, I use a localization for peripheral nodules, usually under 1.5 cm, that are predominately ground glass. Given that the indication for pursuing such nodules is low, the need for the technology, in my opinion, is limited. Localizing a 2-3 cm solid peripheral lesion seems to me like a waste of resources. It would be nice if the authors could address this issue somehow in their discussion as this issue will be in the back of readers minds.