Dear Dr. Nguyen, respectful reviews and the editorial team at JoVE,

Thank for your comments and suggestions regarding our manuscript titled “Sequential Radial probe Endobronchial Ultrasound and Electromagnetic Navigation Bronchoscopy for the Diagnosis of Peripheral Pulmonary Lesions”. I have carefully read all suggestions and have either incorporated changes into the manuscript or have a rationale for the lack of change.

Reviewer #1: Thank you for your comments

Revewer #2: Thank you for your comments. I have added further studies in the background to address high yields achievable with EBUS alone. Additional data from the study showing a combined yield of 88% was added to show the lower yield of ENB alone (59%). The potential cost of consumables and the rationale for performing EBUS prior to ENB rather than the reverse order was also added. The exact cost of consumables was not added due to future price fluctuations and differences between regions. ROSE data was added to the discussion as well as instructions of a directed BAL if EBUS did not confirm the lesion after ENB.

Reviewer #3: Thank you for your comments. The manuscript is not intended to report new data, but to report data obtained from our previous study and now forms the protocol for our clinical technique (Chee, A., Stather, D. R., MacEachern, P., Martel, S., Delage, A., Simon, M., Dumoulin, E. and Tremblay, A. (2013), Diagnostic utility of peripheral endobronchial ultrasound with electromagnetic navigation bronchoscopy in peripheral lung nodules. Respirology, 18: 784–789. )

The aim of the study was to determine whether ENB could help localize a lesion when EBUS alone failed. Instructions were added to perform a directed BAL even if the lesion could not be idenfied. In the discussion, options were provided for subsequent biopsy or observation.

Reviewer #4. Thank you for your comments. We intended for the audience to be clinicians or bronchoscopists, not cytologists (similar to the bronchial thermoplasty video in 2010). Bronchoscopists can be either pulmonologists or surgeons and our method is for the bronchoscopy suite. Our center does not perform ROSE so we would be unable to advise on the optimal ROSE protocol , though we do mention then ROSE may be beneficial in the discussion. I have added comment on subsequent patient followup options (surgical biopsy, repeat bronchoscopy, CT-guided biopsy, observation) in the discussion. Thank you for the articles – they have now been cited.

I have attached an updated manuscript with the changes tracked. I appreciate your efforts in reading and considering our manuscript.

On behalf of the authors,

Alex Chee