Peer Review File

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Reviewer A

Query 1: You mentioned debate about mechanical bowel preparation – are you able to provide a reference for the evidence you mentioned.

Reply to Query 1: Thank you for your comment. Reference is added to manuscript.

Query 2: The information in the description does not provide clarity on how you have taken the splenic flexure down. It is clear from the video that you have performed a supra-pancreatic approach and taken Fredet's fascia in a medial to lateral fashion. I do think it is important to emphasize the point of not going under the pancreas which you have demonstrated very well as a technical point.

Reply to Query 2: Thank you very much for your comment. Additional information is added to manuscript

Query 3: You have described a 'bottom to top' incision where you have used cephalad and caudal in earlier parts of the article. Can you please standardize these.

Reply to Query 3: Thank you for your comment. Changes have been done in the manuscript.

Query 4: As above for 'left to right'

Reply to Query 4: Thank you for your comment. Changes have been done in the manuscript.

General Comments:

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1. It would be good to have a description of what you consider a left hemicolectomy as there are varying definitions. What you have described is what I would consider a left hemicolectomy as well but some would take the IMA – may be worth clarifying the extent of resection.

Reply to 1. comment: Thank you for the comment. For the purpose of this video left hemicolectomy is considered the anatomical resection of the large bowel from mid-transverse colon to junction of descending colon and sigmoid colon due to the location of the tumor. This is added to manuscript.

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2. It would be useful to have a comment on the technical pitfalls of this procedure

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Reply to 2. Comment: Thank you for your comment. The pitfalls of this procedure along with any other laparoscopic colon procedures are more related to patient body habitus and level of obesity. The higher BMI of the patient with greater extent of visceral obesity would make the procedure more challenging in terms of dissecting the colic vessels and taking down the splenic flexure. This is added to manuscript.

Reviewer B

Comment 1: Could you comment on how you check conduit vascularity?

Reply to 1. comment: Since this technique involve an extracorporeal anastomosis, the mobilized colon was extracted this allows for visualization of the bowel wall vascularity as well as identify the degree of oozing from the cut edge of two bowel segments that was used for the anastomosis. Thus, conduit vascularity can be checked. This is added in manuscript.

Comment 2: Could you comment on whether there is any role/benefit to doing intracorporeal anastomosis?

Reply to comment 2: Thank you for your comment. This video illustrated extracorporeal technique and other viable alternative is intracorporeal anastomosis. The intracorporeal technique can carry potential advantages in terms of smaller extraction side wound, decreased postoperative narcotic use, and decreased length of stay and morbidity. It is also associated with earlier return of bowel function. This is added in manuscript. An additional reference is put to support this comment.

Comment 3: Could you correct discrepancy between your script and video - for eg. in one you talk about supra-umbilical trocar on the other infraumbilical?

Reply to comment 3: Sorry for this discrepancy, narration of the video is corrected as supraumbilical trocar.

Comment 4: The described technique is fine but this technique is already very well described and is not new so I would want to know whether this paper adds much to existing literature.

Reply to comment 4: We totally agree with this comment, but we want to remind you that this is an invited article, and we are pleased to share our experience about this topic in your respected journal.

Reviewer C

Comment 1: Nice case report with a description of the technique for a well establish procedure. I would not consider this a left colectomy but more a splenic flexure resection. the quality of the video can be improved since. I am wondering why the authors decided to perform the anastomosis extracorporeally.

Reply to comment 1: Thank you very much for your comment. In our practice we use both extracorporeal and intracorporeal anastomosis technique. There are benefits for both techniques. We mentioned these benefits in comments section of the manuscript. There is no specific reason for performing extracorporeal technique in this case.

Editorial Comments

This surgical technique article shares in detail how the authors performed the extracorporeal anastomosis technique for laparoscopic left hemicolectomy and concludes with valuable comments. It is especially nice that the video has a detailed title, operators, basic patient information, and a monologue.

Major Concerns

1. The author states in the abstract that the purpose of this article is to share how the author does it and mentions that it is an extracorporeal anastomosis technique, but the author would do better to state whether the technique is novel, modified, or conventional.

   If the technique is conventionally used, the author needs to abstract what is new in this article compared to previous ones (e.g., even if it is a conventional technique, the video in this article has a clearer educational value in terms of the step-by-step manner, just as an example).

   This is highly recommended in both the abstract and introduction.

Reply to 1. major Concern 1: Thank you very much for your comment. This technique is a conventional technique which has been well established. There is nothing new in this article. Authors are invited in your respected journal to show how they are doing laparoscopic left hemicolectomy, and authors demonstrated the procedure in a stepwise manner, illustrating key anatomical landmarks. Changes are done in the abstract to mention these.

2. The abstract and introduction are heavily repetitive. The contents in the abstract

"Since its introduction in the 1990's, laparoscopic colorectal surgery has generated tremendous interest in minimally invasive surgical techniques to treat diseases of the colon and rectum. Early concerns about the adequacy of laparoscopy to treat colorectal cancer were raised due to observed cases of port site recurrence and the fears about inadequate lymphadenectomy. These concerns were eventually alleviated by technique modifications and further scientific evidence regarding the oncologic safety of laparoscopic surgery. Furthermore, numerous published studies demonstrated clear advantages to laparoscopic surgery compared to the traditional open technique. These benefits included smaller wounds with better cosmesis, less blood loss, shorter hospital length of stay, less pain, and earlier return of bowel function. As a result, the gradual integration of laparoscopic surgery into the armamentarium of surgical techniques
continued to grow due to an increasing body of literature in its support and with the implementation of various educational and training initiatives. Several techniques have been described for laparoscopic left hemicolectomy and they vary in terms of colon mobilization approach, blood vasculature control, anastomosis construction technique, and extraction site. In this article, we demonstrate our technique for laparoscopic left hemicolectomy using the extracorporeal anastomosis technique"

which are almost duplicated in the introduction.

The authors should rewrite the abstract. These contents are appropriate in the introduction, not in the abstract. For the writing of the abstract, the following is for the authors' reference: a quick 1-2 sentences to give the background, followed by pointing out the shortcomings of some previous surgical techniques so that the readers need to read this article, followed by the main content of this article (highlight some key surgical skills), and finally naming the important value of this article.

Reply to 2. Major concern: Thank you for your comment. We changed the abstract according to your advice.

Minor Concerns

3. Title: It is suggested to add "extracorporeal anastomosis surgical technique" in the title.

Reply to 3. minor concern: Title is changed.

4. These two statements in the introduction need to be supported by evidence:

"Numerous techniques have been initially described and eventually modified for laparoscopic left hemicolectomy. They usually vary in terms of approaches to the mesocolic dissection and lymphadenectomy, colon mobilization, and specimen extraction sites."

Reply to 4. minor concern: Thank you for your comment. We changed the abstract and introduction according to your recommendations. These statements are removed from introduction.

5. This sentence in the introduction should indicate whether informed consent was obtained from the patient or from the patient's family:

Reply to 5. minor concern: Added to introduction.

6. In order to make this technique more clinically practicable, we recommend that the authors describe the indications and contraindications for laparoscopic left hemicolectomy, such as the classification and clinical presentation of the disease.

Reply to 6. minor concern: Thank you very much for your comment. Indications and contraindications are added to introduction. Classification and clinical presentation are updated in the video.

7. "An additional 10 mm trocar is placed in the right lower abdomen, a 5 mm trocar in the right upper quadrant, and a 5 mm trocar in the left mid abdomen laterally". This description is vague and we suggest authors use anatomic localization. In addition, please describe the position of the surgeons.

Reply to 7. minor concern: Thank you for your comment. The body habitus of the patient will determine the exact location of the trocars. All changes are done according in the manuscript to your advice.

8. In addition to the process of surgical technique, we kindly suggest authors report how to prevent or deal with possible intraoperative complications and emergencies which would be much useful for young surgeons.

Reply to 8. minor concern: We very much appreciate on your comment but we were invited to write an article for how to do left hemicolectomy, Authors can consider in the future if you invite us to show how to handle intraoperative complications and emergencies. We believe that this is an important and long topic which should be considered as separate article and is beyond the topic of this article.

9.To improve the transparency of this manuscript, the following content should be added (not just in Video)

1) Please report information or requirements of the surgical environment (e.g., the name of the hospital, the hospital grade such as tertiary hospital, the degree of cleanliness)

2) Provide information about the surgical team personnel, including their role (e.g., surgeon, anesthetist, nurse), learning curve (e.g., the number of cases).

3) De-identified demographic information, symptoms and signs, imaging findings, staging, comorbidities, and relevant therapy history, etc.

Reply to 9. minor comment: Additional information is added to manuscript and video.

10. "We demonstrate in this paper and video, the extracorporeal anastomosis approach for laparoscopic left hemicolectomy for cancer". Please also indicate the aim of this study at the end of this sentence.

Reply to 10. minor concern: Thank you very much for your comment. Aim is added in the manuscript.

11. Please provide specific information about mechanical oral bowel preparation or add authoritative sources.

Reply to 11. minor concern: Thank you very much for your comment. Information is added in the manuscript.

12. If applicable, please provide some tips and skills for ensuring surgical quality and consistency, especially for the key steps and any conditions or variations that require uniform management.

Reply to 12. minor comment: We appreciate this comment but we already described the key steps and tips for the procedure.

13 The operative time should be reported.

Reply to 13. Minor comment: Operative time was 116 minutes. This is added to video.

14. Would you please report the possible or observed postoperative complications and their prevention and management?

Reply to 14. minor comment: Thank you very much for your comment. This patient had no complications. This information is added to video.

15. "The key to any surgical operation is the standardization of the various technical steps in order to produce reliable results". How do authors define reliable results? Please add the criteria for success and failure of laparoscopic left hemicolectomy.

Reply to 15. minor comment: Thank you for your comment. The standard technical step allows the surgeon to complete the job in the majority of patient laparoscopically without conversion and without complication.

16. The authors are advised to include at the end about what are the main advantages and disadvantages of this surgical technique compared to others.

Reply to 16. comment: Main advantages of laparoscopic surgery are faster recovery, less pain, shorter hospitalization, faster return to work, less long term adhesions formation, less long term ventral hernia compared to open surgery. The main disadvantage is that the cost of laparoscopic surgery and it must be performed by people who are technically proficient in laparoscopy.

17. Video

1) Please add the operation date at the beginning, and the informed consent and the ethical approval statements at the end.

2) From 00:49 to 1:23 of the surgical video, the patient's face is exposed. The authors needed to de-identify the patient's face.

Reply to 17. comment: Changes has been done on the video.

18. Reporting Checklist

We highly recommend the authors revise the manuscript and fulfill the attached checklist SUPER (Surgical techniqUe rePorting chEcklist and standaRds). A statement "We present this article in accordance with the

SUPER reporting checklist" should be included at the end of the "Introduction". This shall further differentiate your paper from other ones, making it high-standard quality.

Reply to 18. minor comment: Statement is added to the end of the introduction