

Peer Review File

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Reviewer A

Winder et al present a case report of robotic para-aortic lymphadenectomy as a treatment for isolated recurrence of a colorectal cancer.

I have the following comments:

1. The authors state that they were unable to obtain the patient's consent for publication of this report. If the editor decides that the report may be published despite this, every effort should be made to avoid publication of patient identifiable information, such as the patient's age and gender.

Reply 1: Thank you for this comment, we tried multiple times throughout the course of writing this case report to contact the patient to obtain the consent provided by your Journal. Unfortunately, the patient was unable to be contacted. There is documentation the patient's chart that his consent to the procedure included the use of photographs and videos for educational and research purposes which we can provide for you if requested. Since we were not able to obtain formal consent for this case report, we have removed any reference to the patient's age or gender.

Changes in the text: Page 4 line 57 the word "his" was removed, page 2 line 26 the patients age and gender were removed.

2. The introduction is very brief. It would be of benefit to briefly outline the controversies in performing metastasectomies in colorectal cancer in general with appropriate references. The outcomes associated with open para-aortic lymphadenectomy should be also be described, as this report focuses on the potential benefits of a minimally invasive approach.

Reply 2: This is an excellent point; we have added a brief overview of the controversies surrounding metastasectomies in colorectal cancer as well as the published improved outcomes of laparoscopic approaches compared to open associated with para-aortic lymphadenectomy.

Changes in the text: Please see lines 54-73 for this addition.

3. The discussion should also be more comprehensive. What are the complication rates and oncological outcomes associated with open lymphadenectomy? How widespread is the use of laparoscopic and/or robotic approaches? The selection bias related to oncological outcomes in patients undergoing metastasectomy should also be discussed – these patients have oligometastatic disease and will have better outcomes than patients with more extensive metastatic disease who aren't selected for further surgery.

Reply 3: We agree that selection bias may be playing a role in the outcomes on overall survival in this patient population. We have added this point to the discussion and have also added the equivalent efficacy found between open and

laparoscopic approaches in oncologic outcomes.
Changes in the text: Please see page 9 lines 156-160.

Reviewer B

This manuscript is a present case of isolated para-aortic lymph node metastasis responding well to robotic para-aortic lymphadenectomy. This is a topic of clinical significance. Nevertheless, some points deserve to be reviewed before the article is considered for publication.

1. Abstract

(1) The authors should highlight the unique point of the case in the Abstract-Background. For the authors' reference, has the case with isolated para-aortic lymph node metastasis treated with robotic para-aortic lymphadenectomy not been published? It can be clearly specified like -"To our knowledge, this is the first case of isolated para-aortic lymph node metastasis treated with robotic para-aortic lymphadenectomy and responding well".

Reply: Thank you for making this point more direct. We have added this sentence to our abstract and background to better highlight this important fact.

Changes in the text: Please see lines 39-41 and 77-78 for this addition.

(2) Case Description: The following detailed information should be provided in this subsection, including the patient's symptom (six months of hematochezia and unintentional weight loss), the drug, dosage, frequency and duration of the adjuvant chemotherapy, the outcomes after receiving robotic para-aortic lymphadenectomy, and the follow-up.

Reply: We have added this information into the Case Description section.

Changes in the text: We have added the patient's presenting symptoms as well as his adjuvant regimens and durations. Please see page 2 lines 26, 28, 35 and 36

2. Introduction

(1) The information in the introduction is too little, there is no citing papers. Although there is no consensus of treatment regimen for isolated PALN, this topic has been studied for a long time. Please add more literature to briefly summarize the work has been done about the management of isolated PALN recurrence of colorectal cancer.

Reply: Thank you, this point is well received. We have added a discussion regarding the controversies of metastasectomies in colorectal cancer and the published benefits of a laparoscopic approach for PALN dissection compared to open. We have also added appropriate citations to this section

Changes in the text: Please see lines 54-76

(2) We suggest the authors also add the statement-"To our knowledge, there is no report of isolated para-aortic lymph node metastasis treated with robotic para-aortic lymphadenectomy", before stating the aim of the study "this case presents a rare case...".

Reply: This sentence has been added as the opening line in the objective portion of the background.

Changes in the text: Please see page 5 lines 77-78.

3. Case presentation

(1) Please provide the detailed time information of the case report (Date, Month, Year) in the manuscript.

Reply: We have added the dates for the index procedure and peri aortic lymphadenectomy

Changes in the text: Please see page 6 line 92 and 104

(2) Please clearly clarify the received treatment for adjuvant chemotherapy, including the drugs, dosage, strength, duration.

Reply: We have added the chemotherapy agents, number of cycles and duration. Unfortunately, the medical oncologist does not work with our institution so the exact dosage and strengths were not available.

Changes in the text: Please see page 6 line 96

(3) Whether the symptom (e.g., hematochezia and weight loss) was alleviated after the surgery and chemotherapy?

Reply: Yes, his hematochezia was resolved after surgery. He was able to maintain his weight throughout his adjuvant therapy.

Changes in the text: Please see page 6 line 97-98

(4) Was the patient no symptom when noting to have an enlarged lymph node after 19 months?

Reply: Correct, the patient had no symptoms associated with the enlarged lymph node.

Changes in the text: I have added the word “incidentally” prior to the discovery of the enlarged lymph node on page 6 line 100

4. Discussion

(1) Don't forget to cite reference for the sentence “For more common sites of distant metastasis...surgical metastectomy”.

Reply: Thank you for this comment. The sentence following this was also from the same article so it was assumed to be included with the same citation. However, for ease of clarity, we have added the citation into the text.

Changes in the text: Please see the added citation on page 8 line 143

(2) Please consider specifying the limitation “the relatively small number of patients” when supporting the point “which reports improved overall survival...as compared with chemotherapy (1)” by citing reference 1.

Reply: Given the rarity of PALN recurrence it is exceedingly difficult to accumulate a large number of patients to study. But your comment is well taken and this limitation has been added to our discussion.

Changes in the text: Please see page 8 line 147 for the addition of this limitation.

(3) “Increasing literature has been published regarding robotic peri-aortic lymph-node dissection in gynecologic malignancies, though there remain relatively few

reports of this approach for an isolated para-aortic lymph node recurrence of colorectal cancer (2, 4)". The citing here is not appropriate. The reference 2 was not about the robotic peri-aortic lymph-node dissection. Besides, it's necessary to cite more literature when using "Increasing literature".

Reply: Thank you for pointing out this error, the correct citing is Reference 3 and 4 which discuss the use of a robotic approach in gynecologic peri aortic lymph node dissection. Specifically reference 4 which states "Use of robotic surgical platform in gynecologic oncology including para-aortic lymph node dissection, has steadily increased due to improved dexterity, better visualization, increased primary surgeon independence, and increased comfort over conventional laparoscopic equipment". This point in conjunction with the article from 2015 is why we felt comfortable using "increasing literature". However, to avoid any confusion we have changed that sentence so that increasing literature is removed. Changes in the text: Please see page 9 line 154-156 "In the Gynecology literature there are studies utilizing a robotic approach for peri-aortic lymph-node dissection, though there remain relatively few reports of this approach for an isolated para-aortic lymph node recurrence of colorectal cancer (6,7)"

(4) It is necessary and important to transparently discuss BOTH the STRENGTHS AND LIMITATIONS of the study in the Discussion. A separate paragraph is highly suggested.

Reply: We agree with this sentiment and apologize for the oversight in missing this sub heading during the discussion. We have added a paragraph to discuss the strengths and limitations of this case report.

Changes in the text: Please see page 7 line 131-135.