

Peer Review File

Article information: <https://dx.doi.org/10.21037/ales-23-52>

Reviewer A:

This is the revision of the paper titled "Evaluation of Asian Women's Perspectives on NOSE Surgery

The topic is interesting with important informations for the clinical management of patients before MIS.

As the method is based on questionnaire give to the patients it should be fundamental the use of validated questionnaire that will help to compare results.

I suggest to referee to the following articles:

DOI: 10.1111/aogs.13844

doi:%2010.1007/s00423-010-0669-3.

--Answers: First of all, thank you for your comments. The studies you suggested were examined and revisions were made in our article.

Reviewer B:

Answers:

The manuscript deals with an important issue but there are some points to discuss:

The nomenclature is inconsistent for many terms or parameters.

What means "pediatric tract" in the explanation of the survey?

--First of all, thank you for your suggestions. The changes you suggested have been corrected in the article

The categorization of the economic status into low income, medium and good is too inaccurate in my opinion.

--You are right, it was removed from the article.

In the explanation and two questions the technical term "hernia" is mentioned. Is this technical term really known to the population?

-- The survey forms were prepared in the current local spoken language. Explanations were made by the Pollsters when necessary.

The term "natural surgical technique" said in a question is not mentioned in the explanation.

In the questions with the possible answers "positive", "not sure" and "negative", the answer "neutral" is missing.

--First of all, you are right. We predicted that the "not sure" option would be used as the equivalent of neutral among the answers.

The term "uneducated" mentioned in the results section is not a possible answer.

--First of all, you are right. Although there were no uneducated respondents among the answers, it was determined that 9 of our participants did not have any educational process and the questions were filled out with the help of pollsters.

Questions in table 2 and table 3 are not the same as in Appendix 1.

– Corrected in text and table

The survey process is described differently in the results.

--Thank you for your warning. No information was given regarding the information in the survey. Corrected in the article.

The question about surgery without scars (very abstract) before the information and the question about NOSE (very concrete) after the information are not really comparable.

--First of all, you are very right. It is true that they cannot be compared one to one. An attempt was made to revise it as a comment within the article.

The absolute numbers are not listed correctly on page 7 lines 32 and 37 (with percent signs).

-- Corrected in text

102 people would always prefer NOSE (in which circumstances do you prefer ...), but only 82 people prefer the method NOSE (Which method do you prefer ...). This should be discussed.

--The difference in the rates regarding this result also caught our attention. However, in order to convey accurate information, we transcribed the survey results directly into writing. It was observed that when the participants were offered an option other than the answers, the preference rate decreased, and when they were asked without another option, the preference rate increased. This may suggest that the rate of preference will increase when we emphasize its superiority over other methods.

Reference 1 is not really mentioned in the manuscript.

-- Corrected in text

What means "birth age" (page 9, line 39)?

– *We wanted to describe it as the age of first birth. We corrected it in the article.*

What means "EG and CK did the procedures" in the author contribution?

– *Thank you for your warning. Corrected in the article.*

Was the asked general population also exclusively female?

– *Yes, it was applied only to women in both groups.*

In the discussion section the literature relating to the concerns with regard to sexual life, pregnancy and delivery should be mentioned (Bulian et al. Transvaginal hybrid NOTES cholecystectomy--results of a randomized clinical trial after 6 months. *Langenbecks Arch Surg.* 2014 Aug;399(6):717-24. doi: 10.1007/s00423-014-1218-2. Epub 2014 Jun 22. Erratum in: *Langenbecks Arch Surg.* 2016 Jul 2;; PMID: 24952726.

Thomaidis et al. Transvaginal Hybrid-NOTES procedures-do they have a negative impact on pregnancy and delivery? *Langenbecks Arch Surg.* 2021 Sep;406(6):2045-2052. doi: 10.1007/s00423-021-02105-z. Epub 2021 Mar 31. PMID: 33788009; PMCID: PMC8481136.)

In an other study patients were asked after cholecystectomy whether they would recommend the choosen method to relatives and friends. Here, it was 100% of patients after transvaginal NOTES cholecystectomy. This should also be discussed:

Bulian et al. Long-term results of transvaginal/transumbilical versus classical laparoscopic cholecystectomy--an analysis of 88 patients. *Langenbecks Arch Surg.* 2013 Apr;398(4):571-9. doi: 10.1007/s00423-013-1071-8. Epub 2013 Mar 1. PMID: 23456357.

-- -- *Corrected in text*

Wouldn't it be better to name the population Muslim Women instead of Asian Women?

-- -- *Corrected in text*