

## Peer Review File

**Article information:** <http://dx.doi.org/10.21037/dmr-20-85>.

### Reviewer 1

#### Comments to the authors:

1. Abstract reads very poorly, lots of duplication of words and excessive use of adjectives.

*Reply: corrections made to address the comments about adjectives and duplication*

2. Throughout the document there are a lot of confusing sentences with poor grammatical English; such as ‘Overall, these improvements have been shown to translate to a shorter length of hospital stay, improved pain control, reduced operative blood loss (2) and positive margins.’ This reads like positive margins are a good thing!

*Reply: sentence regarding 'positive margins' is rewritten*

3. It reads like a first draft and needs going back through as there are lots of areas for improvement mainly in terms of grammar and punctuation. The subject matter is good but it does not read well.

*Reply: grammar and punctuation addressed throughout*

### Reviewer 2

#### Comments to the authors:

This is an excellent article but I include 2 slight edits for the way the article reads and a couple of other suggestions. My main suggestions would be to include further diagrams to help visualize robotic surgery setup to the reader and also a table summarizing and comparing robotic assisted surgery to both open and laparoscopic surgery.

1. Line 19 - superfluous use of the - sentence would read better. as: “In recent times the use of minimally invasive laparoscopic surgery has greatly expanded, becoming increasingly developed since its advent, with surgery increasingly requiring pioneering technical innovation for more complex procedures.”

*Reply: Line 19 rewritten*

2. Line 25 - for reading, slight edits so...

“Robotic-assisted surgery allows unparalleled control of the instruments, achieving the meticulous movements that the operator requires thus permitting more and more technically challenging procedures to be accomplished.”

*Reply: Line 25 rewritten*

3. Line 139 - perhaps include examples of types of neurological injury that could occur with positioning for robotic surgery - especially in that 6.6% of injuries for robotic prostate surgery

*Reply: the examples of the neurological injury related to positioning and the overlying cables which are already mentioned hence I did not see repeating these injuries would add any further information to the reader.*

4. Addition of a few more diagrams - including setup of theatre with robot especially for a torso operation and ENT. Also, perhaps a comparison table between robotic v laparoscopic v open surgery.

*Reply: see figure 2 and 3 added*