

# Peer Review File

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## Reviewer Comments:

This is a requested review article looking at the feasibility of minimally invasive total pancreatectomy. It is from a high volume pancreatic surgery center and is comprehensive.

I have several points that should be addressed:

**Comment 1.** Chronic pancreatitis is a relative contraindication to the minimally invasive approach with some authors considering it an absolute contraindication.

Palanivelu C, Takaori K, Abu Hilal M, Kooby DA, Wakabayashi G, Agarwal A, Berti S, Besselink MG, Chen KH, Gumbs AA, Han HS, Honda G, Khatkov I, Kim HJ, Li JT, Duy Long TC, Machado MA, Matsushita A, Menon K, Min-Hua Z, Nakamura M, Nagakawa Y, Pekolj J, Poves I, Rahman S, Rong L, Sa Cunha A, Senthilnathan P, Shrikhande SV, Gurumurthy SS, Sup Yoon D, Yoon YS, Khatri VP. International Summit on Laparoscopic Pancreatic Resection (ISLPR) "Coimbatore Summit Statements". *Surg Oncol.* 2018 Mar;27(1):A10-A15. doi: 10.1016/j.suronc.2017.12.001. Epub 2017 Dec 27. PMID: 29371066.

Total pancreatectomy with auto-islet transplantation is a classic indication for the management of refractory chronic pancreatitis. The topic of chronic pancreatitis needs to be expanded upon. Is the minimally invasive approach appropriate for chronic pancreatitis?

**Reply 1:** Thank you for your comment. The authors agree that chronic pancreatitis is a relative contraindication for minimally invasive approach. However, several studies reported the safety and feasibility of this technique, especially combined to the auto-islet transplantation. This procedure is frequently adopted in young patients. The authors preferred to exclude this population. The review focused on the use of minimally invasive approach on the treatment of pancreatic neoplasms. We clarified this point changing the title and the methods (Page 2, lines 23-24)

**Comment 2.** Here is a published video of a patient undergoing total pancreatectomy for chronic pancreatitis.

Gumbs AA, Daskalaki D, Milone L. Laparoscopic Total Pancreatectomy for Chronic Pancreatitis. *Surg Laparosc Endosc Percutan Tech.* 2018 Apr;28(2):e62. doi: 10.1097/SLE.0000000000000519. PMID: 29528950.

If there are other instances of patients undergoing total pancreatectomy for chronic pancreatitis, these should also be referenced. Do the authors feel that chronic pancreatitis should be a relative or absolute contraindication or not?

**Reply 2:** See the comment above. However, we agree with the indications reported by Scholten et al. (Outcomes after minimally invasive versus open total pancreatectomy: a pan-European propensity score matched study). In this study, all the expert surgeons

did not judge chronic pancreatitis as contraindication in the use of minimally invasive approach.

**Comment 3.** The robotic approach has been touted as having superior splenic preservation during distal pancreatectomy.

Eckhardt S, Schicker C, Maurer E, Fendrich V, Bartsch DK. Robotic-Assisted Approach Improves Vessel Preservation in Spleen-Preserving Distal Pancreatectomy. *Dig Surg.* 2016;33(5):406-13. doi: 10.1159/000444269. Epub 2016 May 4. PMID: 27160088.

Is this the case for total pancreatectomy also? Could the rate of splenic preservation be expanded upon in the discussion?

**Reply 3. The topic is properly discussed in the discussion section. We added the rate at page 5 lines 10-11**

**Comment 4.** “This approach could reduce the blood spleen supply and total blood loss.”

This is awkward, do you mean, “This approach could reduce the splenic blood supply and total blood loss.”

**Reply 4:** Thank you for your remark. We properly change the text (Page 3, Line 20)