

Peer Review File

Article information: <https://dx.doi.org/10.21037/gpm-20-57>

Reviewer A

Well written narrative document.

Thank you

Some items are missing:

1. The delay in diagnosis between onset of symptoms and final diagnosis

We have now included a statement in the 'Indications for Surgery' section.

2. The frequent concomitant presence of adenomyosis

We have now added a paragraph to cover this point in the 'Extent of disease' subsection.

3. Advantage of ablative method of surgery versus excision on ovarian reserve (plasmajet/ Co2 laser)

We have covered this issue in the 'Type of surgery' section.

4. Beneficial effect of surgery in obtaining spontaneous pregnancies (Vercellini, 2006 HumReprod; Gordts, Fertil Steril 1984)

This subject is already covered in 'Fertility outcome'. In addition, we have now added a paragraph on the subject of spontaneous pregnancies after different types of surgery in the 'Type of surgery' section.

Reviewer B

I am very pleased to read your article on "endometriosis surgery on young women". I think it's a very important topic, and a lot of research is required on this topic. The content is thorough, highlighting major specifics relevant to the topic.

Thank you

However, it would be great if you could put a light on the points given below:

1. Line 104-112: You have mentioned about ovarian cyst, and that there are no clear guidelines whether to operate or not. I think you should mention about factors which help decide whether to operate or not like size of the cyst, symptoms of the patient, need for fertility etc. It is important for the reader to get a clear understanding for him/her to replicate it in clinical practice .

We have further clarified the management indications for ovarian endometriomas in the 'Indications for surgery' section.

2. Line 146: Natural history of endometriosis in young women. Could you highlight on adenomyosis and endometriosis, the prevalence of both together in a adolescents, or their progression into adult life. Adenomyosis may have its precedence to endometriosis which may be the cause of pain in young

women, which later progresses to endometriosis. Now that we can diagnose adenomyosis by a good ultrasound, its importance has increased in natural history of endometriosis, and a note about it would be adequate.

We have added a paragraph to cover the issue of co-existence of endometriosis and adenomyosis in the 'Extent of disease' subsection.

3. Kindly mention about different modalities of imaging techniques necessary for an adolescent with pain/dysmenorrhoea. When to advise them? Is it compulsory to get investigations before starting on medications, or is it ok to start with hormonal medicines first? Which investigations when done would suffice in the first visit and follow up visit? Is any investigation important to help clinician decide which approach to follow, conservative or surgical?

We have now added a section entitled 'Management of symptomatic suspected or confirmed endometriosis in young women' to cover this particular subject.

4. Although, the topic is surgery for endometriosis, but hormonal treatment before surgery is important, if any, more so in young women, if we want to be more conservative in our approach. What is the role of medicines before surgery? What kind of impact does it have later on surgery? Are there any studies highlighting this?

The subject of medical treatment before or instead of surgery has now been covered in a new paragraph in a new section entitled 'Management of symptomatic suspected or confirmed endometriosis in young women'.

5. The point of doing a review is to understand the major lack in our scientific understanding of a particular topic, and to highlight the scope for further evidence based studies. It would be good if you could mention the area where future evidence based studies is required. I overall would like to congratulate the authors for their work, and after the above corrections, the article can be accepted for publications.

A new section entitled 'Future research' has been added at the end of the manuscript, before the 'Conclusion'.

Reviewer C

This is a very important issue to be addressed (endometriosis and young woman). There are some important points to be modified in the manuscript before its publication:

1. The introduction has no references. Better to consider to include some.

Relevant references to this section has now been added.

2. If possible, better to consider to include more references. And I have some recommendation for your information: PMIDS: 32736134, 31816389, 32212520, 32538257, 32291152, 32549030.

We have now added a number of new references, including some of the references suggested by Reviewer C.

3. Line 172, 173 - RCT (please use abbreviation as it appears). The first time is in line 148 (randomized controlled trials). It repeats in lines 172, 173 and 191.

This has now been resolved.

4. The authors should talk about quality of life and /or well-being (in outcomes section).

We have now changed the 'Pain outcome' subsection to 'Pain and quality of life' outcome and quoted a new reference (systematic review on QoL).

5. I suggest to mention more about types of surgery and about postoperative treatment, in this population.

We have now expanded the sections on 'Type of surgery' and 'postoperative hormonal treatments'.