

## Peer Review File

Article information: <https://dx.doi.org/10.21037/gpm-21-38>

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In this manuscript the authors present the #Enzian classification and discuss it in detail by means of an example.

Below some supplementary notes and comments:

Line 41: Please check, if “old Enzian” is the correct term. Date of publication or a version number would be more specific. Even the term "new" is also redundant in my opinion. #Enzian suggests the revised version or revised Enzian classification is more applicable.

Line 89/ 182/ 227/ 240 and 287: Titles shouldn't content “:”, “;”, “.” or Notes on Figures.

Line 94: Please check the sentence.

Line 106: Is the reference to Figure 1 correct here? Probably line 95 would be better. There is no correlation to severity of pelvic pain in Figure 1 mentioned.

Figure 1/ Line 109 ff: The added description in green and red should be mentioned in the caption of the figure. Perhaps the figure could be improved.

Line 242 “.....“ is not necessary in my opinion and not unique in meaning.

Line 247: Perhaps the example should be after the explanation of the coding.

Line 257: ... more (P2) than 3 cm in diameter of all superficial endometriosis lesions IN SUM? Probably it should be mentioned that all lesions are summed and not the individual lesion counts by itself or just the biggest lesion.

Line 263: Please specify “2 step surgery” (reference?).

Line 269: Reference?

Line 292: How was it shown, that diagnostic laparoscopy is not always sufficient to fully classify endometriosis? (It is discussed later Line 299).

How were the sizes of deep endometriosis (as mentioned in the example) determined exactly? It is a subjective assessment by a surgeon, isn't it? The estimation e.g. in the example left USL 1.2 cm is probably difficult to reproduce between different surgeons. This should be more discussed as a limitation of the #Enzian and classifications of endometriosis in general.

The advantages und limitations of each classification should be discussed in a structured way (line 370 ff.) and this section of the discussion should be revised.

Line 379: Deep endometriosis should be constantly be used instead of deep INFILTRATING endometriosis or overall consistent.

Thank you very much for the interesting and helpful comments and suggestions.

We have followed each one and marked it in yellow after making the corrections.

Table 1: It is mentioned that a complete recording of all findings is summarized in one code with the suffix (s) or (u). Shouldn't the suffix (s) be mentioned in the complete code, too (like FI (u) and FA (u))?

Answer: This is the idea of coding. Practically, the primary coding method should be the one with which the diagnosis was mainly made. Your objection is very valid. Classification is the first attempt to bring together the different diagnostic methods. Once all classification is done by a computer system, these overlaps will be easier to resolve.

Which method (ultrasound or surgery) should be mentioned, when ultrasound and surgery are different, like ultrasound of left USL with 2 cm and surgery of left USL with 4 cm or like endometrioma 2,5 cm in ultrasound and 4 cm during surgery? Which parameter should be preferred, surgery before ultrasound or the precise measurement during ultrasound?

Answer: this comment is also very interesting and correct. The accuracy of measuring or estimating the extent of the disease is a crucial question. #Enzian wants to solve this through a compromise between accuracy and feasibility. Compared to the ASRM classification, a much better representation of the disease has become possible. The different imponderables in diagnosis remain a very important and interesting field for future research.

The combination of two methods (ultrasound and surgery) of determining the #Enzian is very difficult for the evaluation – especially in the context of studies. It should be discussed or reevaluated.

Answer: These concerns are of course justified and also worthy of discussion (we have added a paragraph). The problem of labelling information by origin is a first attempt to intensify the interdisciplinary character of diagnostics. The application has proven successful in our centres (certified endometriosis centres in Germany, Switzerland and Austria). Several prospective studies are underway).

Figure 4b: USL abbreviation should be mentioned in caption of the figure.

In general there should be a constant use of “Enzian classification” and not “Enzian score” or “ENZIAN” in capital letters etc. (line 164 ENZIAN, line 166 ENZIAN score, etc.). It is not a score, since no value is calculated

We have changed Figure 1.

Recommendation:

The manuscript describes the application and advantages of the #Enzian classification. The manuscript should be revised under the aspect of comments, formulations should be used consistently and especially the discussion part should be completed in a structured way.