

Peer Review File

Article information: <https://dx.doi.org/10.21037/gpm-23-7>

Review comments

Comment 1:Line 21: Capital letter after period.

Reply 1: we have modified our text as advised .(see Page2, line37)

Comment 2 Line 22: Capital letter after period.

Reply2: we have modified our text as advised .(see Page2, line 37)

Comment 3 Line 23-25: long sentence with several "ands". I'd suggest to write shorter sentences and introduce a link word such as: while (the incidence rate...)

Reply3: we have modified our text as advised(see Page2, line 38-40)

Comment 4 :Line 37: "Greatly shorten the operation" may be prece ded by "doing so" or "using this method"

Reply4: we have modified our text and the sentence has been deleted .

Comment 5: Line 61: "Informed consent" would be more accurate than "consent letter".

Reply5: we have modified our text as advised(see Page3, line 62)

Comment 6 Line 68: Germany, not german.

Reply5: we have modified our text as advised(see Page3, line 74)

Comment 7 Line 107: If you hacc performed 10 procedures, including a table with intra and postoperative data would make the paper more attractive.

Reply6 The details of these cases will be reported in a subsequent article.

Comment 8:The "technique" figures are confuse (need to imagine reading the footnotes).

-Needs language revision.

Reply6: we have modified our text as advised(see Page3, line 90-108)

Editorial Comments

1. Please include “surgical technique” in the title.

Reply1: we have modified our text as advised(see Page1, line 1)

2. Please extend the abstract to range between 200 to 350 words. Consider providing a more detailed background about the surgical technique, highlight its advantages, challenges, and uniqueness, as well as a more comprehensive summary of the manuscript’s content.

Reply: we have modified our text as advised(see Page1, line 11-31)

3. As the surgical environment plays a crucial role in ensuring the quality of surgery, please also provide the name and grade of the medical institution where the surgical technique was developed, the degree of cleanliness, and whether the procedure must be performed in an operating theatre.

Reply: we have modified our text as advised (see Page3, line 68)

4. Information about the surgical team members would also add to the context of the study. We suggest providing details about the required number of team members, the tasks undertaken by different roles, and whether specific skills and relevant training are required for team members.

Reply: we have modified our text as advised (see Page3, line 77-78)

5. Considering this is an improved surgical technique, please provide details on the related learning curve or comment on the level of difficulty for young novice surgeons to master the technique, including the expected duration or number of surgeries needed to become proficient.

Reply 5: we have modified our text as advised (see Page7, line 148-151)

6. We recommend that you specify the indications and contraindications for the surgery, as well as details of preoperative preparation.

Reply 6: we have modified our text as advised (see Page6, line 139-142; Page3, line 69-75.)

7. Please add information about intraoperative anesthesia and postoperative antibiotic prophylaxis.

Reply 7: we have modified our text as advised (see Page3, line 83; Page6, line 119)

8. Consider providing information on what needs to be observed postoperatively and how the surgical outcomes should be evaluated. For example, you could include the symptoms that need monitoring, possible complications, and pathological examination results of the lymph nodes removed during surgery.,

Reply8: we have modified our text as advised (see Page6, line 119-123)

9. We would appreciate it if you could provide detailed measures for postoperative care, such as wound care, activity guidance, and pain management.

Reply9: we have modified our text as advised (see Page6, line 119-123)

10. Lastly, we suggest enriching the discussion section of your manuscript. This could involve a comparative analysis with other studies or surgical techniques, discussing the similarities and differences with your method. Consider discussing whether your technique is faster, safer, or holds certain advantages. Explore the limitations of your surgical technique or potential areas of improvement, and discuss the clinical implications and contributions of your technique. Contemplating future directions for research could also be beneficial - whether your surgical technique can be further optimized, or possibly applied to other conditions, etc.

Reply10: we have modified our text as advised (see Page7-8, line 130-169).