

## Peer Review File

Article information: <https://dx.doi.org/10.21037/gc-23-45>

### Review Comments

**Comment 1:** The article describes the monocentric experience of HIPEC in Zhengzhou University People's Hospital.

First, a major revision of English language and a grammatical check are required.

**Reply1:** Thank you very much for the comment. We have also involved native English speaker for language corrections before submission. According to the suggestion, we will revise the language and grammar again.

**Changes in the text:** we have modified our text as advised (see Page5, line122-126).

**Comment 2:** Specifically, the title is not clear and should be rewrite. Keywords are not adequate. Why did you use the acronym HIPE instead of HIPEC? In the text you wrote "perfusion", "therapy", "treatment" ...

**Reply1:** Thank you very much for the comment.

The same suggestion was made by a previous reviewer, which we agreed with and made a change to the title last time. The title is "Retrospective Study of Characteristics and Hyperthermia intraperitoneal Perfusion in Mucinous Borderline Ovarian Tumor and Mucinous Ovarian Carcinoma". We hope that the revised title will also meet with your approval.

Because the keywords are required within 3-5 words, we try to express the keywords clearly and accurately under the conditions of meeting the requirements.

We again examined our manuscript on whether the acronym is HIPE or HIPEC. Because hyperthermic intraperitoneal perfusion includes hyperthermic intraperitoneal perfusion therapy (applied to MBOT, without chemotherapy drugs), and hyperthermic intraperitoneal perfusion chemotherapy (applied to MOC, with cisplatin), so both HIPE and HIPEC require the abbreviations.

At your suggestion, we searched for the difference between "therapy" and "treatment", "therapy" is more applicable to medical terms, so we will "treatment" will be modified to "therapy".

**Changes in the text:** we have modified our text as advised (see line31、 36、 81、 96、 103、 112、 124、 191、 405).

**Comment 3:** The abstract is not well-organized. Its results should differentiate between the two groups, while its conclusions should be shorter and more forceful. “There were 28 patients diagnosed with stage I or II. For stage III and IV patients ...” Specify that is the FIGO stage. In “Key findings” box, I suggest not using acronyms.

**Reply3:** Thank you very much for the comment.

We examined the manuscript again, elaborated separately on the two groups: MBOT and MOC. And it is specified that this is the FIGO classification.

**Changes in the text:** we have modified our text as advised (see Page2, line46-47).

The conclusions section was modified according to the recommendations to make the conclusions shorter and more forceful.

**Changes in the text:** we have modified our text as advised (see Page2, line52-58).

We have changed the acronym in the "key findings" box to the full name.

**Changes in the text:** we have modified our text as advised (see Page3, line65-66).

**Comment 4:** In lines 105-113 you write “As a novel treatment, hyperthermic intraperitoneal perfusion chemotherapy (HIPEC) has been used for ruptured MBOT, MOC, and peritoneal pseudomyxomas” It is correct but not complete. Several retrospective studies or trial highlighted its efficacy in both advanced ovarian cancer with primary (10.3390/cancers14236010) and recurrent peritoneal metastasis (10.1245/s10434-014-4157-9) Please improve and update the list of references. Similarly, you enrolled patients of all FIGO stage with different prognosis. Why? Current evidence recommends different treatments. Wouldn't it be more appropriate to focus on advanced disease states?

**Reply4:** Thank you very much for the comment.

We added to the literature on primary and recurrent peritoneal metastases (ref 10,11) and re-updated the reference list.

**Changes in the text:** we have modified our text as advised (see Page4, line108).

The reason why we used different treatment methods is that MBOT occur mostly in women of reproductive age and large masses, intraoperative rupture, and mucus dissemination are found to be important causes of recurrence. Therefore, we explored whether hyperthermic intraperitoneal perfusion therapy could reduce the recurrence rate of patients, and We also focused on the role of hyperthermic intraperitoneal perfusion chemotherapy in MOC, and the advanced disease status of patients: PFS and OS.

**Comment 4:** Moreover, Methods lack bibliography and should be divided into subparagraphs.

**Reply4:** Thank you very much for the comment. We added a bibliography to these methods and segmented it.

**Changes in the text:** we have modified our text as advised (see Page5, line120-202).

**Comment 5:** Figure 1 is not correct. It is not necessary to enter an empty column to indicate the x-axis object. Why do you not distinguish between mucinous borderline ovarian tumor (MBOT) and mucinous ovarian cancer (MOC) in Figure 2?

**Reply5:** Thank you very much for the comment. We revised Figure 1 again and uploaded the revised picture as suggested.

**Changes in the text:** we have modified our text as advised (see Page18, line571-577).

According to the inclusion exclusion criteria, the recorded cases of MBOT treated with HIPEC were small and not statistically significant after statistical analysis. Therefore, the significance of HIPEC in MBOT was not explored.

**Comment 6:** Finally, I warmly advise authors to revise their manuscript and submit an easier-to-read version.

**Reply5:** Thank you very much for the comment. Before submission, we polish the language according to the English language editing company recommended by the journal. We will provide a more clearly read version at your request. **Please see Attachment 1.**