

Peer Review File

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Reviewer A

I think this study is interesting and meaningful, because uterine fibroid is one of the most frequent gynecological diseases and your research analyzed many factors. So, I have some requests as follows.

1: I want to know why you adopted 14 weeks' gestation uterine size. I think in general, uterine size may be indicated by the average of long and short axis in the unit of "cm".

Thank you for your suggestion. Gestational size is often used to describe the size of uterus clinically in China. Laparoscopic procedures require the establishment of an artificial pneumoperitoneum, and if the uterus is too large, there is not enough room to maneuver to complete the procedure.

Changes in the text: None.

2: I want to know why you defined large uterine fibroid as 5 cm.

Thank you for your suggestion. In clinical work, fibroids larger than 5cm are indicated for surgery. When the fibroids are small and the patient has no obvious clinical symptoms, some patients choose conservative treatment.

Changes in the text: None.

3: I think you should explain why you excluded submucosal fibroid in maximum uterine fibroid type.

Thank you for your suggestion. This is our mistake. We counted submucosal fibroids and subserosal fibroids together, and it does not show up in the table

Changes in the text: we have modified our text as advised (see Page 18, line 3).

Reviewer B

First, the title needs to indicate the clinical research design of this study, i.e., a retrospective cohort study.

Thank you for the suggestion, we have revised.

Changes in the text: we have modified our text as advised (see Page 1, line 1)

Second, the abstract needs some revisions. The background did not indicate the limitations and knowledge gaps of prior studies. The methods did not describe the inclusion of subjects, the assessment of baseline clinical factors, follow up procedures, and measurements of outcomes such as postoperative bleeding and recurrence. The results need to first report the incidence rates of postoperative bleeding and recurrence and quantify the findings on risk factors by reporting OR and P values. The conclusion is not detailed enough and please have more detailed comments for the clinical implications of the findings.

Thank you for the suggestion, we have revised. Due to the word limit of the abstract, the follow-up procedure and the definition of postoperative recurrence are described in detail in the text method.

Changes in the text: we have modified our text as advised (see Page 2, line 13-15;Page 2, line 20;Page 2, line 28-Page 3, line 10;Page 3, line 14;Page 13, line 1-5)

Third, the introduction of the main text reviewed a lot of what has been known on UFs, but this is not the focus of this part. Please review what has been known on the incidence rates of postoperative bleeding and recurrence of UFs, their health consequences, and their risk factors, and have comments on the limitations and knowledge gaps of these prior studies.

Thank you for the suggestion, we have revised in the article.

Changes in the text: we have modified our text as advised (see Page 4, line 31-Page5, line1)

Fourth, in the methodology of the main text, the authors need to clearly indicate the clinical research design, sample size estimation, follow up procedures, and diagnoses of postoperative bleeding and recurrence. The current sample size is not correct, the authors need to consider the incidence rates of the outcomes. In statistics, please describe the details of the multiple regression analysis including how factors were included and selected. $P < 0.05$ should be two-sided. The authors need to explain why they did not conduct Cox regression analysis since the outcomes can be time-to-event variable.

Thank you for the suggestion, we have revised in the article. Follow-up procedures and recurrence definitions have been added in the methodology section of the text. multiple regression analysis was used to include factors that were statistically different at the time of univariate testing in the regression. cox regression analysis was mostly used to analyze patient survival. uterine fibroids are benign tumors and generally do not affect patient survival, so cox regression was not used in this paper. Changes in the text: we have modified our text as advised (see Page 5, line 22-31;Page 6, line 11-32;Page 7, line 7)

Reviewer C

1. Please check if any more references need to be added in the below sentence since you mentioned “Studies”, but only one reference was cited. If not, “studies” should be changed to “a study/a previous study”.

and severe postoperative pain. A growing number of studies have shown that complications after open myomectomy have been increasing in the last decade (11).

Thank you for the suggestion, we have revised.

2. Table 1:

1) Should below “and submucosal fibroid” be “or submucosal fibroid”?

Subserosal fibroids and submucosal fibroid	5 (17.9%)	335 (56.5%)	16.110
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2) Please indicate how the data are presented in below variables. For example, mean \pm SD.

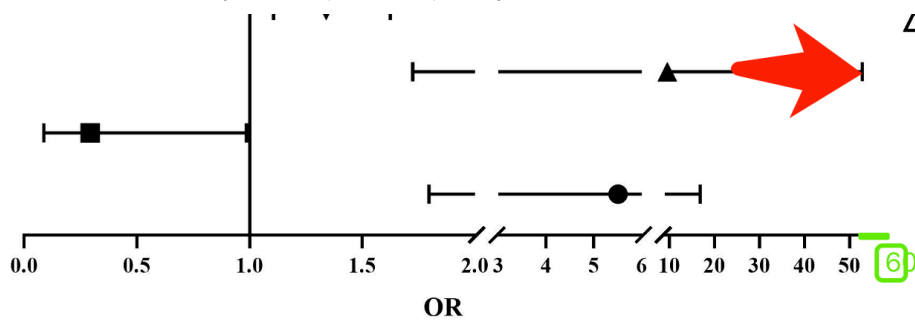
Age (year)	44.57 \pm 10.56	44.70 \pm 10.63	0.065
BMI (kg/m ²)	22.47 \pm 2.41	22.71 \pm 2.49	0.511
Age of menarche (year)	13.39 \pm 2.23	13.08 \pm 2.02	-0.791

Thank you for the suggestion, we have revised.

3. Figure 2-3:

1) Please resubmit Figure 2-3 in jpg/tiff format to us.

2) In Figure 2, to standardize the results, the part that exceeds the horizontal coordinates (50) should be indicated by arrow (as below). Or you can add the scale bar 60 in the x-axis.



Thank you for the suggestion, we have revised.