

Peer Review File

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Reviewer A

Well written. Thoughtful. Important topic.

Reply: Thank you for your comments.

Reviewer B

Minor changes are needed. Remove the extra commas. Add more information about the Coriddi study. Be consistent with terminology. I recommend removing the ARM paragraph. It does not tie in with the rest of the document. If it is imperative to include it, then work on transitional sentences between the paragraphs. I have attached the PDF with comments embedded for your review.

Reply:

- 1. I have removed the extra commas in the places you pointed out.**
- 2. I changed the word “effectiveness” to “efficacy” as you pointed out. (Page 3, line 47)**
- 3. I added the list of the PROMs. (Page 3, line 54-57)**
- 4. I described further information about the results of ICG lymphangiography by including statistics. (Page 4, line 63-65)**
- 5. I added the sentences to elaborate on how the author phrases the result of PROMs”. (Page 4, line 67-72)**
- 6. I mean that “distant metastasis” which is pointed as an unclear term, is the metastasis of cancer cells to other distant organs. I think ILR is the technique of anastomosis between lymphatics and veins, and then ILR may have the possibility to increase distant metastasis from axillary to other organs. (Page 5, line 79)**
- 7. The text of the ARM paragraphs was removed.**
- 8. Since “lymphangiography” and “scintigraphy” mean the same thing, we have made the expression consistent with the word” lymphangiography”.**

Reviewer C

Unfortunately, this article is rather incomplete and inconclusive, it's not really a complete review, nor an editorial, as such I cannot recommend it for publication

Reply: Thank you for your comment.

Reviewer D

This is an excellent editorial and I learned a lot from it. It is clear and concise.

Reply: Thank you for your comment.

Reviewer E

The authors discuss Michelle Coriddi's trial but do not provide a reference. The preliminary data is published here:

Coriddi M, Dayan J, Bloomfield E, McGrath L, Diwan R, Monge J, Gutierrez J, Brown S, Boe L, Mehrara B. Efficacy of Immediate Lymphatic Reconstruction to Decrease Incidence of Breast Cancer-related Lymphedema: Preliminary Results of Randomized Controlled Trial. *Ann Surg.* 2023 Oct 1;278(4):630-637. doi: 10.1097/SLA.0000000000005952. Epub 2023 Jun 14. PMID: 37314177; PMCID: PMC10527595.

Also, please comment on critiques to their study design.

Finally, the authors are writing from Osaka and comment on the insurance coverage of ILR in the US. ILR and lymphatic surgery in general is more widely accepted in Japan and S. Korea. Please comment on reimbursement trends for ILR in Japan as well.

Reply:

- 1. I added a reference of Michelle Coriddi's article. (Page7, line126)**
- 2. I added sentences on critiques to their study design. (Page5, line 73)**
- 3. Japan's reimbursement system is financed by public insurance and differs significantly from that of other countries. One of the rules of the Japanese reimbursement system is that basically only the main operation can be billed within the same surgical field. Therefore, in Japan, even if ILR is shown to be effective and safe, only the surgical fees for breast cancer resection and lymph node dissection can be billed at the same time. Thus, I would like to avoid referring to insurance billing in Japan as a general discussion because Japan has an insurance billing system that differs greatly from that of other countries.**