Peer Review File

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Reviewer A

Comment 1: The paragraph between lines 43 and 50 is completely unnecessary in this kind of publications.
Reply 1: We have erased the paragraph.
Changes in the text: Paragraph erased.

Comment 2: Moreover, although you have pointed out that the inclusion period is very long, what could have caused some bias, you didn't explain how you think it could had affected the results.
Reply 2: We have explained that a long inclusion period could bias the results because technical and postoperative care improvements could change postoperative results. We have included a paragraph after telling the period is long.
Changes in the text: Move a paragraph to clear why could be a bias.

Comment 3: After reading the paragraph starting on line 91, I was expecting you to criticize the relatively low application of minimally invasive surgery by the authors of the article. Of course, no-one expects surgeons to perform MIS in Types 2, 3 and 4, however it is really surprising that only 15 % of type 1 distal pancreatectomies were MIS. By not discussing it, this paragraph was pointless.
Reply 3: We have written a new paragraph focused on the reviewer's comments.
Changes in the text: Another remarkable fact is the low application of MIS techniques in this manuscript, especially in more straightforward cases like type 1. The implementation of pancreas MIS techniques has been slower than in other organs, and as we commented before, the long recruitment period justifies the low percentage of MIS. Nowadays, the application of MIS in type 1 is near 70% in many series, but it is low in type 2 to 4, even in experienced hands.

Comment 4: Finally, I would encourage you to discuss the practical applications of this new classification.
Reply 4: we have extended our comments about applicability of the classification that we have previously included in the last paragraph of the text.
Changes in the text:

Reviewer B

This is a letter for a previous article concerning the classification for Distal pancreatectomy. It is an add value for the previous article because the authors underline weakness and strength of the manuscript.

Thank you very much for your kindly comments

Comment 5: The definition of TO should be reminded.
Reply 5: we had added the parameters that are measured in textbook outcome
Changes in the text: (hospital stay, readmission, mortality and postoperative complications)

Comment 6: POPF as complications is an important topic. Two important meta analysis have been published in relation to the vascular stapler. The authors should cited both and discuss more about that.
Reply 6: we had added a paragraph about the reviewers comment including three meta-analysis.
Changes in the text: new paragraph: One of the open debates is how to close the pancreas stump after DP. In two previous meta-analyses (2015 and 2017), stapler closure for the pancreatic remnant after DP reduces POPF grade B/C rates significantly compared with suture closure (XX,XX). In 2023, a new meta-analysis showed that reinforced staplers do not add any gain to standard staplers. The manuscript has no information about how the authors closed the pancreatic stump, so we cannot draw any conclusions about that topic (XX).

Comment 7: The role of splenectomy is an other important point especially for the pancreas adenocarcinoma. I suggest to cite this important work
https://pubmed.ncbi.nlm.nih.gov/37909963/
Reply 7: we have added a new paragraph and included the suggested reference
Changes in the text. Another hot topic is using the RAMPS technique to obtain better oncological results. Initially, RAMPS was performed using the open approach, but a recent meta-analysis suggests that MIS-RAMPS may produce comparable short- and long-term outcomes to open RAMPS. No information on the application of RAMPS technique is included in the author's manuscript.

Reviewer C

They highlight the significance of differentiating the complexity and implications of various organ resections in type 3 DP. The comment also recognizes the long patient inclusion period as both a strength and a potential source of bias due to advancements in surgical techniques over time.

They discuss the advancements in minimally invasive surgery (MIS) and its impact on DP, suggesting the need for further research in this area. The use of innovative tools like Textbook outcomes (TO) for measuring healthcare outcomes is also discussed, with suggestions for its refinement. The authors conclude by applauding the manuscript for setting a foundation for the standardization of DP techniques and encouraging future validation of the classification system.

Thank you for comments.