

## Peer Review File

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### Reviewer A

**Comment 1:** This meta-analysis is well done. The problem is not the authors' fault, but due to the poor quality of the available RCTs, inadequate conclusions can be drawn. The follow-up duration of all studies was ridiculously short (mostly 4 weeks). Even 12 weeks is inadequate to assess efficacy of IPC. But the authors did a good job of summarizing the available literature.

**Reply 1:** I am grateful for your reviewing work, and your valuable comments means a lot to me. I can't agree more that the follow-up duration is not long enough.

**Changes in the text:** There is no change about this comment of the reviewer A.

### Reviewer B

The authors' meta-analysis study on the benefits of combining IPC with CDT for breast cancer-related upper limb lymphedema is commendable. The introduction and methodology sections, in particular, were well-written and comprehensive. I have a few suggestions to enhance your presentation further.

**Comment 1:** Please provide more information about the volume assessment method used in each study, such as the volume replacement method or MRI.

**Reply 1:** The limb volume was measured by calculating circumference and length of the limb in Tastaban's, Caroline's and Hulya's study. While water displacement was used to measure limb volume in Moattari's, Haghghat's, Szuba's and Johansson's study.

**Changes in the text:** Two sentences were added in the manuscript (see Page 7, line 169-172.)

**Comment 2:** The benefit of volume reduction in CDT with IPC compared to CDT alone is -0.2 ml, 95% (CI: -0.33 ~ -0.07 ml). Although the result was statistically significant, the clinical benefit is still questionable. Please discuss this point.

**Reply 2:** The data showed that the gap of efficacy between CDT group and CDT+IPC group was not large, but significant. This phenomenon reflected although there was heterogeneity of assessing limb volume between these studies, but the efficacy of IPC can be exposed. This has been discussed in Page 9, line 222-224.

**Changes in the text:** There is no changes.

**Comment 3:** Regarding Figure 3. Which level of the arm (arm, around elbow, forearm level, or wrist) was shown to benefit from this protocol?

**Reply 3:** Arm and forearm dermal thickness benefit most from the CDT+IPC. We have added the sentence in Page 7, line 181-182.

**Changes in the text:** We added which level of the arm would benefit most from CDT+IPC in Page 7, line 181-182.

**Comment 4:** Because the combined IPC with CDT can reduce average volume by 0.2 ml and decrease arm circumference by 0.33 cm, it is difficult to claim this protocol is more effective clinically. Please conclude with your results.

**Reply 4:** Yes, thank you very much for your practical suggestion. Actually, in view of the minor significant difference between the two groups, it is reluctant to conclude that CDT+IPC was more effective clinically. Therefore, we changed the expression from “CDT combined with IPC was proved to be more effectively in decreasing excess volume and excess circumference of upper limb lymphedema within a relative short follow-up duration.” to “CDT combined with IPC gained a significant decreased excess volume and excess circumference of upper limb lymphedema within a relative short follow-up duration. However, the additional decrease brought by CDT in alliance with IPC were weakened after an elongated follow-up duration. Because of the minor significant difference, we would prudently conclude that CDT combined with IPC was more effective clinically than CDT.” (See Page 9, line 216-221)

**Changes in the text:** In Page 9, line 216-221 has been changed into “CDT combined with IPC gained a significant decreased excess volume and excess circumference of upper limb lymphedema within a relative short follow-up duration. However, the additional decrease brought by CDT in alliance with IPC were weakened after an elongated follow-up duration. Because of the minor significant difference, we would prudently conclude that CDT combined with IPC was more effective clinically than CDT.”