Peer Review File

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Review Comments

1. Abstract, Results. Row 74: "... significant differences between the groups in the patient-reported Frey's syndrome quality ..." Is it really Frey's syndrome and not First Bite syndrome? To be checked and possible correction. If everything is correct, then where are the results of First bite syndrome.

Reply:

Frey's syndrome is right. The results of First bite syndrome were described in this sentence b elow. The authors evaluated the First Bite syndrome according to the presence and degree of acute parotid area pain. (3 pages, 75 line) The results of First bite syndrome was described in Table 6.

2. I have doubts about the analysis of data in groups where patients with benign and malignant neoplasms are mixed up as well as superficial and total parotidectomy. There are no data on the distribution of these patients in the study groups, and this may have a significant impact on the results of the studies.

Reply:

Thank you for your suggestion. Following your recommendation, since data including benign and malignant neoplasms data can have a critical impact on the results of the study, the authors decided to exclude the patients with malignant neoplasm from the data. So, the authors revised methods. (6 pages, 141-146line)

3. There is no information about the size of the groups of patients in Abstract, and Materials and Methods.

Reply:

Thank you for your suggestion. We added this sentence “We analyzed 51 cases of standard parotidectomy and 58 cases of parotidectomy with implantation of Megaderm™ acellular dermal matrix through prospective multicenter trial.” in Abstract, and Materials and Methods (3 pages, 61-62 line).

4. There is no information about the method of randomizing patients and dividing them into specific research groups. Patient selection by a surgeon is not a good method of randomizing patients, which reduces the scientific value of the study.

Reply:

We fully agree to reviewer’s opinion. The selection of surgical method by patients is not a good method of randomizing. However, the method of randomizing patients and dividing them into specific groups decided by the patient’s choice at the recommendation of surgeons in this study. The economic burden of the surgical material (Megaderm^{TM})and the fact that the external material is inserted into the patient’s body were purely determined by the patient's choice. So, we revised and added “The use of Megaderm™ was decided by choice of patients with the recommendation of the surgeon. The surgeon performed the implantation of Megaderm™ only on the agreed patients. The patients purely determined the use of Megaderm^{TM} because of the economic burden of the Megaderm™ and the fact that the external material is inserted into the patient’s body.” (7 pages, 163-168 line)

5. Line 168-170: “The evaluation of acute complications including infection, seroma, hematoma, skin necrosis, and first bite syndrome was performed 1 week postoperatively”. First bite syndrome most often occurs in the first few weeks after surgery and lasts for at least several months. I believe that observation for only 1 week after surgery is inappropriate for the diagnosis and observation of this complication. But in Line 219-221: “The Megaderm™ group reported significantly lower rates of acute pain during the past 3 months and pain VAS scores compared with those in the control group at 3, 6, and 12 months after parotidectomy”.

Reply:

Thank you for your suggestion. The authors evaluated about First bite syndrome at 1week, 3, 6, and 12 months. We used the incidence and degree of acute parotid area pain to evaluate First bite syndrome. The reviewer was confused by combination of First bite syndrome and acute parotid area pain. So, we revised “first bite syndrome” to “acute parotid area pain” (7 pages, 174 line)

6. Clinician evaluation of Frey’s syndrome: What were the criteria for the diagnosis of the syndrome used by the authors? Was the iodine-starch test used to confirm Frey's syndrome?

Reply:

The authors used the iodine-starch test to evaluate Frey’s syndrome. So, we added the following sentence to the outcome measure section. “The iodine-starch test was performed at each follow-up visit.” (7 pages, 177 line)

7. Was the subjective satisfaction scores of gross neck appearance correlated with the results of the assessment by independent, blinded physicians using a visual analog scale?

Reply:

Although did not directly analyze the relationship between subjective satisfaction scores and assessments by blinded physicians, it showed a general tendency to be a positive correlation.

8. First bite syndrome: what diagnosis criteria and it differentiation were used?

Reply:

The authors did not evaluate the First bite syndrome on a particularly different diagnosis criteria from other studies. If patients complained of facial pain characterized by a severe cramping with the first bite of each meal, they were invited to a questionnaire using a visual analog scale (Score 1- 10; 10 being the most severe).

9. Table 1-4 to correct: I can see blue hints in the text.

Reply: We corrected Table 1-4.

10. No table 5 (Line 216) and 6 (Line 221) in the attachment.

Reply: We included Table 5 and 6 in table file.