

Peer Review File

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Reviewer A

This is a well thought-out and ambitious protocol. It is relevant and methodologically rigorous. Please see my comments below.

Major revisions

Comment 1: Introduction, line 130:

“Most of the current outstanding surgical techniques had been refused by the journals they were submitted. Many rejections, especially by the top journals, were due to poor reporting. »

Where do the authors have this information from? It should be cited.

Reply 1: Thank you for kindly pointing this out. We noted that the source of this opinion was not published on a peer-reviewed journal, so we decided to delete this sentence. Please see revisions tracked and marked in red on line 129.

Comment 2: Results, line 256:

I feel in regards to the scoping review that the choice to only include 15 journals in regards to surgical techniques is not justified enough. With your 5 general, 5 surgical, and 5 specialized surgical distribution. Either this number should be increased or it should be further justified why evidence from only 15 journals would be enough to scour the field.

Furthermore I recommend elaborating how you designed your search strings and if you have consulted them with e.g. a professional research librarian. This will give more transparency and credibility to your search.

Reply 2: Thank you for your comments.

For the “scoping review”, our approach was a systematic search of "2. scoping review of reporting guidelines related to surgical technique", not 15 journals. Our search of 15 journals was aimed at obtaining further sources of important reporting items from articles in the surgical technique category. Therefore, our entries were obtained from several sources: (1) existing reporting guidelines; (2) articles related to surgical technique; (3) brainstorming from stakeholders (journal editors, surgeons, methodologists etc.).

Therefore, the purpose of searching the 15 journals is not to develop a scoping review or a systematic review, but rather to obtain a representative sample of important articles (source 2).

How to select representative articles from thousands of surgery journals and dozens of clinical surgical fields? Our selection of the 15 representative journals was deliberate. Initially, we selected all journals in the top 20 by impact factor, but after pre-searching, we found that many those journals do not publish surgical technique articles at all. In addition, it would be too biased to select only according to impact factor. Therefore, we took into account the practice of previous systematic review (PMID 32530461, reference 34) and considered the H5 index to cover both general medical journals and journals in the field of surgery. However, since the discipline classification in Google Scholar H5 index is only fine to Surgery and no further division (such as cardiac surgery, renal surgery, etc.). So, we used JCR's quartile rank to supplement the 3rd dimension. Following such a pre-search, we obtained thousands of initial searches and nearly 1000 articles remaining after screening for inclusion in the entry extraction. We believe this is representative enough to get important reporting items related to surgical technique.

In addition, regarding the search terms, our design was done by both professional methodologists and clinicians. The responsible methodologists are from the corresponding author team (Center for Evidence-Based Medicine) with extensive experience in systematic search.

Minor revisions

Comment 3: Abstract, line 85:

“... that defines what a clear, comprehensive and detailed surgical technique report should be performed. “

The meaning of this is not clear to me. It should be rephrased. Perhaps the authors meant to ‘contain’ instead of ‘be performed’, or ‘when’ instead of ‘what’.

Reply 3: Thank you so much. It has been revised according to your comment. Please see revisions tracked and marked in red on line 86.

Comment 4: Abstract, line 103:

“allowing us closer to more elaborate” does not make sense. Please rephrase this.

Reply 4: Thank you. It has been revised according to your comment. Please see revisions tracked and marked in red on line 103.

Comment 5: Introduction, line 110:

The authors say that no clear definition of surgical technique exists in the literature or dictionary yet go on to define it through literature and Oxford dictionary. Is this to be understood as the authors own definition? If this is the case, I suggest specifying "we define" rather than "is defined".

Reply 5: Thank you. Yes, we define the term based on the dictionary and articles. We have revised the sentence according to your great suggestion. Please see revisions tracked and marked in red on line 113.

Comment 6: Introduction, line 116:

« Surgical technique is taught and inspired by a master-the so-called... »

I do not understand what you mean by 'master-the'. Perhaps 'master of the' ? Please rephrase.

Reply 6: Sorry for the unclear sentence. We have replaced the “-” with “,”. Please see revisions tracked and marked in red on line 116.

Comment 7: Introduction, line 125:

It seems strange to me that the authors choose the cite youtube yet not linkedin. I believe citations should be consistent in nature, and though I do not see these as obligate to cite, I think the authors should be consistent in citing generic websites, if they wish to do so.

Reply 7: Thank you for your kind reminding. We now have cited the LinkIn. Please see revisions tracked and marked in red on line 125.

Comment 8: Introduction, line 144:

« no reporting guideline that defines what a clear, comprehensive and detailed surgical technique report should be performed was found. »

See my comment to abstract, line 85.

Reply 8: Thank you. This is revised too. Please see revisions tracked and marked in red on line 143.

Reviewer B

The study proposal for establishing improved reporting guideline for surgical techniques is well-thought and well-written. I have some minor comments for the authors to consider.

Comment 1: (1) It is useful to provide further explanation how the development team was selected. A reporting guideline should represent a broad and unbiased perspective

from surgeons, health researchers, methodologists, patient advocates and other stakeholders. In addition, the study protocol states that those with potential conflict of interest will be excluded from the development. In many cases, however, many well-qualified experts also are doing consultation and have their collaborative research funded by surgical device companies. It may not be a good idea to have these experts automatically excluded if the reporting guideline is generic, has no specific, and may not have impact on specific surgery techniques that they have interest, and an explicit declaration of their conflict interests will make their involvement in the development team become transparent.

Reply 1: Thank you very much for the detailed and helpful comments. We cannot agree with you more that the team should represent a broad and unbiased group. We list that one of our limitations is that we do not plan to include patients.

We have detailed how we establish the whole group according to your wonderful suggestion. Please see revisions tracked and marked in red on line 231-240.

Regarding the COI, we 100% agree with your excellent comments. In the SUPER development, ONLY those members with SEVERE COI will be excluded, for example those whose opinions are severely biased by the company where they receive funding. For those with COI will be assessed and included too. We actually have established the group in which no one has severe COI and no one has been excluded.

Comment 2: (2) Many existing guidelines, such as IDEAL, have already relevant checklists or standards on surgical technique reporting. In the study protocol, the authors mentioned that the new SUPER guideline will be used in combination with the existing guidelines. Please be more specific how the new guideline will be used in combination with the existing guidelines. In other words, what aspects of surgical technique reporting is not necessary as they are already included in the existing guidelines, and what aspects are missing in the existing guidelines and should be included or further clarified and in the case of conflicting recommendation, how the conflicting checklist will be reconciled between different reporting guidelines.

Reply 2: Thank you for your comment. This is very important. As this article is a protocol, we stated on line 157~183 to highlight what the existing guidelines lack (the detailed reporting requirements regarding HOW the surgical technique was carried out) will be our focus. The detailed combination explanations will be included in the SUPER checklist article and the Elaboration and Explanation article which we plan to publish next year, after we have finished the whole project. Thus, we believe it would be better we establish such a direction at the PROTOCOL stage and get more specific and detailed combination scenarios during the project.

Comment 3: (3) It is not completely clear that the proposed reporting guidelines is a guidelines on reporting surgical techniques, and it is different from those guidelines that reporting the findings from empirical studies on a new surgical techniques. If the intention is to develop a reporting guideline on reporting the finding of studies on the safety and the efficacy of surgical techniques, then the checklist should include study design, data collection and statistical methods, etc.

Reply 3: Thank you for your great suggestion. This reporting guideline does not focus on reporting the findings of studies, but on the detailed reporting on surgical techniques. Therefore, this report guideline will be more about HOW surgeons do the surgical technique and HOW to deploy surgical techniques safely, effectively, and valuably etc.