Peer Review File

Article information: https://dx.doi.org/10.21037/gs-21-715

Reviewer: A

Comment: The authors described a case of remote-access thyroidectomy (RAT) in patients with a history of cervical irradiation. Although irradiation area did not include majority of operation field, it is worth a try to perform RAT after radiation treatment. I recommend to accept this manuscript.

Reply: Thank you for your recommendation.

Reviewer: B

Comment: Authors want to report their clinical experience of endoscopic thyroid surgery for the patient who previously received neck radiation therapy.
Currently, it is not the novel finding that many centers already perform the endoscopic or robotic surgery for the patients who have the history of neck irradiation. It is not a absolute contraindication in these days.

Reply: Thank you for your thoughtful review. As you pointed out, we too feel that it is not an absolute contraindication these days, but we have never seen a paper that says so, and the ATA statement is the only guideline we have. It may have been an absolute contraindication at one time, but no relevant guideline has been updated since then, and we feel that our manuscript provides an important case report to show that it is not an absolute contraindication these days. We hope you will give us another chance to publish this manuscript.

Reviewer: C

Comment: There is important information missing. The radiation distribution images should be available. Besides, as a case report, this study is not enough to access the safety of performing RAT in irradiated necks.

Reply: Thank you for your pointing this out. We now provide the radiation distribution images in Figure 1. As you pointed out, we do not think that all irradiation cases can be operated on safely. In this case, based on the patient's wishes and the past distribution of irradiation, we suspected that the effects of irradiation would appear mainly in the area of the skin flap dissection, and if we could clear that, we expected to be able to perform the surgery as before. We speculated that we could perform the skin flap dissection as a superficial operation under direct vision, and that it would be easy to take immediate action even if something happened.

Reviewer: D

Comment 1: This article is in need of substantial editing for grammatical errors.

Reply 1: We are attaching an English proofreading certificate.

Comment 2: Since no evidence of cervical lymphadenopathy from pre-operative image studies or physical examination, what is the reason for performing neck lymph node dissection in such old patient with papillary carcinoma? And, how many nodes were harvested in final pathology?

Reply 2: Thank you for this helpful comment. As you mention, the current ATA guidelines recommend thyroidectomy without prophylactic central neck dissection for T1/T2 cN0 PTC. However, in Japan, the Guidelines for the Management of Thyroid Tumors recommend prophylactic central neck dissection even in patients with no obvious lymph node metastases in view of complications at the time of reoperation (Grade B)[reference below]. We thus performed prophylactic central neck dissection and harvested four nodes in final pathology.

Japanese Endocrine Surgeons and Japanese Association of Thyroid Surgeons: Guidelines for the Treatment of Thyroid Tumors 2018. Kinbara 2018;35:26-27.

Comment 3: What are the length of operation time and the total blood loss?

Reply 3: We have added the surgery time and blood loss to the text (see Page 6, line 4-5).

Comment 4 (1): As you mention, cervical irradiation is the "absolute" contraindication for RAT approach in ATA guidance. Why did you select a relative dangerous procedure to a such old patient ? In fact , the scar in such old patient is usually mild and acceptable due to loose skin tension.

Reply 4 (1): As you pointed, we expected the scar in such an old patient to be mild and acceptable due to loose skin tension. In addition, as described in the text, there are several reports of open neck surgery in which the risk of recurrent laryngeal nerve paralysis does not increase due to irradiation, and we thought that if the skin flap dissection could be performed without problems, subsequent operations could be performed without increasing the risk. In this case, as far as the past radiation distribution images were concerned, the irradiation effect was mainly in the area of the skin flap, and we thought that if the skin flap dissection could be performed without any

problem, the subsequent operations would have less irradiation effect. Incidentally, since the skin flap dissection itself can be performed under direct vision, it can be performed without an endoscopic technique. We added a note about this in the manuscript (see Page 5, line 7-12).

Comment 4 (2): Although RAT bring excellent cosmetic result, it actually caused more tissue damage and the need of more operation time due to the result of more dissection plane compared to conventional surgery . So, RAT should be performed in well-selected patient. And, the contraindication for RAT is not always absolute. In well-experienced surgeon, previous cervical treatment (surgery or irradiation) and Graves' disease also can be safely performed.

Reply 4 (2): Thank you for your detailed review. As you recommended, we added text to the Discussion and References section (see Page 7, line 23 to Page 8, line 5).

Editor

Thank you for your detailed checking.

Comment a: The article already followed a Checklist for reporting standards. Please place "Y" in the "Submission Checklist".

Reply a: We have placed "Y" in the "Submission Checklist" where appropriate.

Comment b: "Data Sharing Statement" is not required for this paper.

Reply b: Yes, we understand.

Comment c: Conflict of Interest (COI) Form must be provided, as suggested by ICMJE: (http://www.icmje.org/conflicts-of-interest/). Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Reply c: I have collected all of the authors' COI forms.

Comment d: Please indicate if any of the authors serves as a current Editorial Team member (such as Editors-in-Chief, Editorial Board Member, Section Editor) for this journal.

Reply d: None of the authors are current Editorial Team members for *Gland Surgery*.

Comment e: Please confirm that all figures/tables/tables in your manuscripts are original; if not, permission is needed from the copyright holder for the reproduction.

Reply e: All of the figures and tables in this manuscript are original.

Comment f: We are using the “Submission Checklist for Authors” to double-check your manuscript, place "Y" on blank space if you confirm your manuscript has followed the requirement. Place "N/A" if not applicable. If further explanation is needed on a certain item, you can copy the Item and write explanations down below. A filled "Submission Checklist for Authors" should be submitted to the editorial office, along with other required documents.

Reply f: Please see the completed Submission Checklist.

Again, we wish to thank the Editors and Reviewers for the comprehensive review of our manuscript. We appreciate the opportunity to improve our manuscript. Please feel free to contact us if you require any further clarification.

Sincerely yours,

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