

Peer Review File

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**Reviewer A**

The manuscript describes about multicenter study of mucinous cystic neoplasm in the distal pancreas. There have already been many similar reports in English, however, this manuscript may contribute to the decision making of treatment strategy of rare mucinous cystic neoplasm in the distal pancreas. **THANK YOU VERY MUCH FOR YOUR COMMENTS**

The authors should carefully correct English before its submission. **THE MANUSCRIPT HAS BEEN REVISED BY A NATIVE ENGLISH-SPEAKING SCIENTIFIC EDITOR. I ATTACHED A CERTIFICATE**

**Reviewer B**

The authors provide data on a retrospective small series of 47 MCN patients treated with left resections. Although this is a multicenter trial, the results are good. Both perioperative mortality and long term Survival are good and compare well to the existing evidence in the literature. The morbidity is a Little higher than expected. **THANK YOU FOR YOUR COMMENTS**

The authors should comment more on the Kind of centers included in this study. Please characterize in greater detail (volume, status in the country, level of care etc. ). **WE NOW PROVIDE A MORE DETAILED DESCRIPTION OF THE CENTERS IN THE METHODS SECTION.** Four are high volume HPB Units in Level 3 Hospitals in Spain, the highest level in our country, one is the reference center for HPB surgery and transplantation in Puerto Rico, and two are Level 2 in Spain. Three Units perform more than 50 pancreatoduodenectomies per year, two between 20 and 50, and two less than 20. Five Units performed more than 10 DP per year. Six authors are UEMS HPB Board Certificate

The total number of patients included is low. Therefore, all conclusions must be questioned. There are some Questions which Need to be addresses: why was the Spleen preserved in some cases? **IN THESE CASES, THE SURGEONS THOUGHT THAT THE LESION WAS A CYSTOADENOMA AND DECIDED TO PRESERVE**

THE SPLEEN. THE TUMORS IN THESE CASES WERE USUALLY SMALL. IN THE LIGHT OF THE 2018 GUIDELINES, THESE CASES PROBABLY WILL NOT BE OPERATED IN THE FUTURE.

what was the mean number of lymph nodes investigated per patient? WE HAVE INCLUDED IN RESULTS Median lymph nodes retrieved were were 12 nodes (range: 6-25) in malignant cases and in 5 nodes (range: 2-16) in benign tumors.

Did the Hospitals have a standardized follow-up program? YES. IT IS DESCRIBED IN THE METHODS SECTION. The follow-up scheme applied at all centers comprised 6-month outpatient clinic visits during the first five years, including tumor marker assessment and CT/MRI, and after five years, an annual visit (in non-invasive cases).

The pathology (TNM and R) classification used were established in 2017, the update of the ISGPS also. How did the authors provide this data for the early cases of this retrospective trial.

We studied the medical records and applied the new TNM and ISGPS classification to the clinical data.

Please provide the correct number of the ethical protocol and approval of the ethical committee of all included hospitals. ("Research Ethics Committee of the Hospital XXXXX"). FOLLOWING THE JOURNAL'S RECOMMENDATIONS, IN ORDER TO MAINTAIN ANONYMITY I HAVE NOT INCLUDED THE NUMBER.. HOWEVER, THE FOLLOWING STATEMENT IS INCLUDED: "The study was approved by institutional committee of Ethics from Hospital Universitario de Guadalajara" (CEIm: 2018.17.EO). (27-November-2018)