

Peer Review File

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Reviewer A

Thank you for the opportunity to review this interesting article regarding the robotic intraluminal excision of a gastric leiomyoma. The article is intriguing and well-written; I would particularly like to congratulate the authors on the very well-executed, explanatory, and engaging video. I have no suggestions or corrections to propose. In my opinion, the paper can be accepted for publication as it is.

Comment 1: I have no suggestions or corrections to propose. In my opinion, the paper can be accepted for publication as it is.

Reply 1: Thank you for taking the time to review our manuscript and for the positive appraisal of our work.

Changes in text 1: None

Reviewer B

I read with keen interest a very nice presentation by the authors describing the trans gastric approach for difficult to resect para-GE junction lesions. Although the concept and approach are not novel the application of robotic platform is certainly ingenious. The video is very well presented. Having said that I believe this approach can easily be done in a more cost-efficient way using laparoscopic platform. This is not to discourage the authors but to make the audience aware of how cost cutting is of paramount importance in today's era. Overall, authors are to be congratulated for a well performed surgery.

Comment 1: Having said that I believe this approach can easily be done in a more cost-efficient way using laparoscopic platform. This is not to discourage the authors but to make the audience aware of how cost cutting is of paramount importance in today's era.

Reply 1: Thank you for highlighting the importance of cost-efficiency. The authors agree with reviewer B's point that the use of a robotic platform adds a significant cost to this operation that should not be underplayed. We further agree that there are indeed cases of para-GE junction leiomyoma resection where a laparoscopic platform would be a safe and cost-effective option. We however do also believe that the use of a robotic platform was needed to perform this difficult resection and avoid a total gastrectomy in this patient. As such, we maintain that the higher operative cost of this approach can be justified in similar cases to the one presented in our report.

Changes in text 1: We have modified our text to further highlight the increased cost that the robotic component of this procedure adds and emphasized that thoughtful patient selection should be done to justify the increased costs. (See section 6.2, lines 217-219)