

## Peer Review File

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### Reviewer A

Overall, a wonderful manuscript and timely study. It is well designed and reported. The authors should be commended as systematic reviews are not a small undertaking. A few minor revisions and recommendations for additions may strengthen the manuscript and make it more consistent.

Abstract:

IV should be defined upon first use.

Reply: We included the definition of Intravenous (IV) prior to using the abbreviation.

Changes in the text: Page 1, line 7

The results section states that the overall quality and quantity of evidence in the field are inadequate to reach a definite conclusion, but then the conclusion section states that patients who have undergone breast surgery or axillary procedures can safely undergo venous access procedures. I would rectify this section to be more consistent with the conclusions stated at the end of the manuscript.

Reply: We have modified the conclusion of the abstract with stronger wording recommending against avoiding skin puncturing procedures in these patients.

Changes in the text: Page 1, line 15

Introduction:

Current standard of care for primary breast malignancies also includes mastectomy, not only segmental mastectomy. Axillary lymph node dissection is not considered an adjuvant therapy but is part of standard of care for locally advanced breast cancers (those that involve axillary lymph nodes greater than specific cut-offs). Radiotherapy and chemotherapy are adjuvant therapies, and chemotherapy can also be used in a neoadjuvant fashion for locally advanced or metastatic breast cancers. I would reword this section to make it more consistent with the standard of care of breast cancers.

Reply: We have modified the wording of this section to be more reflective of standard of care management of breast cancer.

Changes in the text: Page 3, lines 3 and 6 of “Background” section

Define IV during first use.

Reply: We included the definition of Intravenous (IV) prior to using the abbreviation.

Changes in text: Page 4, line 20

“Other literature reviews have been conducted to answer this question, with the most recent being done in 2014 [18] and 2015 [14].” Reference 18 is a randomized controlled trial and is correctly referenced throughout the remaining manuscript. This reference may have been misattributed in this section because it is not a literature review.

Reply: The reference was initially misattributed and has been changed to point to the correct article.

Changes in text: Page 5, line 17

Methods:

Please include the month and year on which the database searches were performed.

Reply: Included month and year of database searches.

Changes in text: Page 7, line 7

Please mention if there were any disputes during selection of articles for inclusion/exclusion and how these disputes were resolved (I.e. independent third author arbitrating).

Reply: There were no disputes during inclusion/exclusion and the manuscript has been updated to reflect this.

Changes in text: Page 8, line 19

Results:

If possible, it would be beneficial to include the follow-up duration of the patients included in the interventional studies cited. BCRL development is most common within the first two years of surgical intervention and radiotherapy, but can develop at any time, and if follow-up periods are too short may not be detecting actual effect of the intervention. These could be included as average or median follow-up duration as a separate column in the table. This would be important for the audience to consider. This is highlighted in your discussion of the Yanagita et al and Naranjo et al studies.

Reply: Given the fact that only 2 of the interventional studies included here provided a follow-up period, we did not decide to add a follow-up column to the results table as it would likely be a hindrance to readability. We preferred to emphasise the duration of follow-up during our discussion.

Changes in text: N/A

Discussion:

In the limitations section, the inclusion of your statement on the lack of standardization of BCRL diagnosis is critically important. I would also include this briefly in your introduction if able, as it is important for the audience to know that this is an extreme problem in lymphedema research, and likely affects each study's findings individually, and results in a heterogenous body of literature that makes these summary reviews and recommendations challenging.

Reply: We added a section of the introduction in which we emphasise the heterogeneity of lymphoedema diagnosis and the challenges this presents to research.

Changes in text: Page 4, line 3

## Reviewer B

1. For Eligibility Criteria in the Methods section, please rewrite it as a paragraph. Otherwise, please catalogize it as an appendix and then cite it in the text. MeSH term list is the same.

Date of publication: within the last 30 years (1992-2022) <sup>41</sup>

Language: English-language publications only <sup>41</sup>

Study design: Any <sup>41</sup>

Interventions of interest: <sup>41</sup>

- Breast surgery <sup>41</sup>
- Axilla surgery (sentinel node v clearance) <sup>41</sup>
- Axillary radiotherapy <sup>41</sup>
- Chest wall radiotherapy <sup>41</sup>
- Pre-existing upper limb lymphoedema <sup>41</sup>

<sup>41</sup>

Outcomes of interest: <sup>41</sup>

- BCRL <sup>41</sup>
- Other complications of cannulation (thrombophlebitis, infections, sepsis) <sup>41</sup>

<sup>41</sup>

Setting of study: All <sup>41</sup>

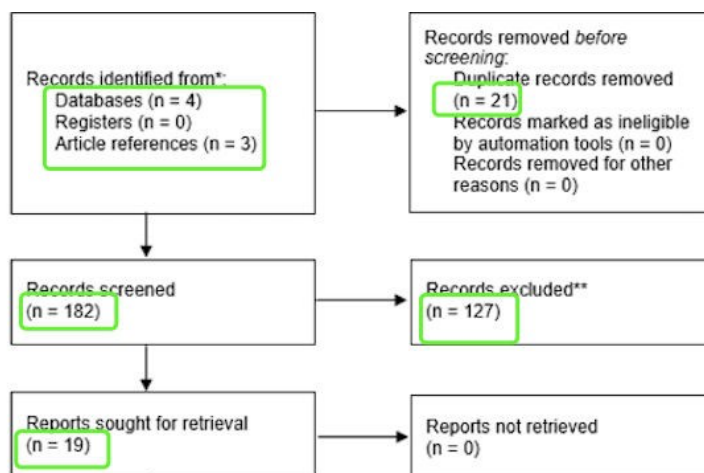
Type of publication: Formal studies are included; letters, editorials, and non-systematic literature reviews are excluded. <sup>41</sup>

<sup>41</sup>

**Response:** Eligibility Criteria have been re-written in paragraph form. The MeSH terms list has been moved to Appendix 1 and is referenced in the text.

2. Figure 1

The numbers in your Figure 1 are not equal. How you got the number 182?  
 $182 - 127 = 55$ ?



- The numbers were originally entered incorrectly. The correct number of records screened is 179, and 160 were excluded during review. The figure has been updated to reflect this.

3. It is suggested to cite the corresponding reference since you mentioned author's name in the following sentences:

- The 2005 Clark et al. study recruited 251 patients who had undergone ALND, lymph node biopsy, or sampling and followed them for three years

post-procedure.

- On the other hand, another similar study, Chan, E 2009 was conducted in 2009.
- The Yanagita et al. study from 2014 and the Naranjo et al. study from 2021 highlight the most recent developments in the evidence base for making recommendations regarding ipsilateral cannulation.
- The recent Naranjo et al. study from 2021 is likely the highest-quality available trial examining this research question.
- The Jakes & Twelves review from 2015 was cited as supporting evidence in the updated ANZCA guidelines that recommend against avoiding ipsilateral skin puncturing procedures.

■ Response: Citations have been added at the indicated locations.