

Peer Review File

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Reviewer comments

Response to comment 1 (Line 28, POP should be defined when its abbreviation first appears. Line 31, RSC also has similar issue.): We are very sorry for ignoring those issues, according to your suggestion, we have revised corresponding contents. At the same time, we have carefully read the full manuscript to avoid the similar issue.

Response to comment 2 (The paper has language issues. Please have the paper edit by English-speaking professionals. For example, line 33, “has been applied to the clinical gradually” a typical Chinese-English.): For the authors, whose first language is not English, language is indeed a great challenge. Therefore, we have asked a professional editing service to revise language issues.

Response to comment 3 (Line 34-37, please consider to use PICOS to define the studies to be included. Further, literature databases should be specified. Risk of bias assessment is also required for this part.): Your comments are all valuable and very helpful for revising and improving our paper, and your rigorous attitude for research made me admire. Indeed, we prepared this meta-analysis based on PICOS, this issue because of our negligence in the organization of the manuscript. Based on your suggestions, we have revised this content in the appropriate location (See page2, line 27to 31). For the issue of risk of bias, we have explicated in detail in Response to comment 6.

Response to comment 4 (Introduction. Why the authors focused on this research topic remains unclear. This part should review the strengths and weaknesses of LSC and RSC, analyze the unaddressed issues or issues under debate and clearly indicate the clinical significance of the study topic.): That's an important issue, because it is the significance and function of this study. As for the issue you proposed, we actually have described, it is possible that we have not described this part of the content in detail, resulting in the

issue you raised, so we have revised corresponding contents. the review of strengths and weaknesses of LSC could be found in Page 3 and 4, line58 to 65, the review of strengths and weaknesses of RSC could be found in Page 4, line 65to 68, analyze the unaddressed issues or issues under debate and clearly indicate the clinical significance of the study topic in page 4, line 69 to 77. The strengths and weaknesses of LSC and RSC have been described in the discussion based on our analysis data, so we limited the content of this part in the introduction.

Response to comment 5 (Search strategy. Constricting the literature search to be within English databases has language bias.): In fact, we included The Chinese Wanfang database and CnKI in the process of literature collection. However, the literatures in Wanfang database and CnKI were case reports, and the number of cases was less than 5. Therefore, we excluded them, which led to the problem that you proposed. According to your suggestion, we have modified this part in the method. Thank you again for your valuable advice.

Response to comment 6 (Methods. Please define studies according the PICOS. Further, risk of bias assessment should be based on the study design. I do not think MINORS is appropriate. For comparative studies, Cochrane risk of bias assessment should be used if they are controlled trials. For single-arm study, please consider JBI Critical Appraisal tools.): Thank for your rigorous attitude for research, just as we said Response to comment 3, we prepared this meta-analysis based on PICOS. according to your suggestion, we have revised methods, Types of studies could be found in page 6, line 106 to 109, Types of participants could be found in page 6, line 110 to 113, Types of interventions could be found in page 6, line 114 to 120, Outcomes of interest could be found in page 6 and 7, line 121 to 128. Cochrane risk of bias assessment is recommended for assessing risk of bias in randomized trials. Studies included for meta analysis in this study are non- randomized. MINORS (Methodological index for non-randomized studies) is especially suitable for assessing of the quality of non-randomized controlled interventional research in surgery, so we choice MINORS as the tool for risk of bias assessment in the meta analysis.

For single arm RSC, studies meeting the inclusion criteria were assessed by two

independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal tool from JBI for case series. Any disagreements that arose between the reviewers were resolved through discussion. All studies regardless of their methodological quality underwent data extraction and synthesis. Which has been added in the revised manuscript (page 7, line 142 to 146)

Response to comment 7 (Statistical analysis. Pooling analyses should be conducted based the design of included studies. This part seems no analytical approach for single-arm studies.): For the single-arm studies, we conducted a systematic review and integrated the data of all patients included about perioperative outcomes, surgical-related complications, and cure and recurrence rate, and then performed a simple descriptive analysis with mean, median, Ratio, etc.

Response to comment 8 (The authors seemed to use a combination approach of qualitative and quantitative approach. Please specify this.): In “Statistical analysis” part, we have identified “Weighted mean difference (WMD) was used for continuous variable data, and odds ratio (OR) was calculated for dichotomous variables”, indicating that WMD acts as a quantitative approach, and OR acts as a qualitative one. According to your suggestion, we have added content in page 8, line 165 to 166.