

## Peer Review File

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### Review Comments

#### Reviewer A

We are grateful for your valuable comments on our lymphedema paper. Thank you.

#### Comment 1:

This is a topic of great clinical and scientific relevance. However, a non-systematic review of the literature was carried out, with no defined methods and criteria for eligibility of studies and critical analysis of results. This makes the article represent the opinion of the authors and not a review of the literature.

#### Reply 1:

We have positioned our article as a “Clinical Practice Review” that discusses the barriers to implementing prospective surveillance programs for the prevention of breast cancer-related arm lymphedema (BCRAL). The paper aims to present the authors' collective perspectives on these challenges. Therefore, following the “Instructions for Authors” of the Journal, a systematic literature search was not performed. To ensure that the paper reflects the latest evidence, we have included references published after the systematic review and meta-analysis by Rafn et al, for example on the applications of artificial intelligence.

#### Comment 2:

Although the journal accepts narrative review, the authors did not follow the instructions, which state the structured Abstract with Background and Objective, Methods and Conclusions.

The main text also does not present the necessary topics described in the guidelines for authors, arranged as Introduction, Methods, main body. The Methods section should include a completed table with Date of search (specified to date, month and year), Databases and other sources searched, Search terms used (including MeSH and free text search terms and filters), Timeframe, Inclusion and exclusion criteria (study type, language restrictions etc.), Selection process (who conducted the selection, whether it was conducted independently, how consensus was obtained, etc.), Any additional considerations, if applicable.

The guidelines for authors also reported that a narrative review is less methodologically demanding than a systematic review, as it does not require a search of all literature in a field. Therefore, the search strategy summary of a narrative review is mainly used for more transparent reporting.

Therefore, the manuscript needs adjustments in terms of formatting as a review article or Editorial Commentary

#### Reply 2:

We have submitted our paper as a “Clinical Practice Review”. Therefore, the abstract

was not required to be structured and a formal search strategy was not mandatory, as outlined by the “Instructions for Authors” of the Journal.

## **Reviewer B**

We are grateful for your valuable comments on our lymphedema paper. Thank you.

### Comment 1:

This is a very interesting article that contributes to the overall knowledge and clinical field of lymphoedema treatment. It appears to be very well researched and referenced and raises a number of pertinent questions in relation to prospective surveillance.

A few points needing attention:

Introduction: is there a reason breast and trunk oedema hasn't been mentioned as a consequence of breast cancer treatment?

### Reply 1:

We agree with the reviewer that breast and truncal oedema are possible complications after breast cancer surgery. We decided to focus our review on arm lymphoedema because it is more common (88-93%) compared to edema in the breast or trunk (14-27%), and can significantly impact patients' mobility and quality of life (1). Following Rafn et al.'s 2022 meta-analysis, discussions have emerged regarding the implementation of early prospective surveillance programs. Compared to arm lymphoedema, information on the prevention and management of breast and truncal lymphoedema is relatively sparse in the literature. As a result, this review exclusively concentrates on arm lymphedema.

### Reference:

1. Ren Y, Kebede MA, Ogunleye AA, Emerson MA, Evenson KR, Carey LA, et al. Burden of lymphedema in long-term breast cancer survivors by race and age. *Cancer*. 2022 Dec 1;128(23):4119–28.

### Comment 2:

Line 42: wrong acronym (typo for BCRA)

Lines 57, 58, 97...: please review all acronyms

### Reply 2:

Thanks to the reviewer, all abbreviations have been rectified.

### Comment 3:

Line 75: I would write that the authors suggest that their algorithm accurately predicts lymphoedema, rather than implying that it is 100% accurate

### Reply 3:

This sentence is amended to describe that the algorithm showed promising predictive value, rather than implying that it is 100% accurate. “Based on the risk factors identified, the authors developed an equation that predicted the lymphedema volume in breast cancer patients after surgery. When the predicted volumes were compared with the measured volumes, a statistically significant moderate correlation was demonstrated.”