

Peer Review File

Article Information: <http://dx.doi.org/10.21037/apm-20-1158>

Review Comments A

Comment 1: The manuscript should be revised by a native speaker due to several mistakes and typos (for example: "refferences")

Reply 1: very sorry for our negligence and we have made correction.

Changes in the text: Page 23, Line 1 and other parts in the main text.

Comment 2: The bibliography is old and should be updated. Cite in the introduction: PMID: 27356212; PMID: 31375433

Reply 2: we have cited these two articles in introduction and discussion.

Changes in the text: Page 6, Line 30; Page 13, Line 4-6.

Comment 3: A central or lateral technique of injection was applied?

Reply 3: we uniformly use lateral technique in this study.

Review Comments B

Major comment 1: There is a major bias to compare different concentrations of local anesthetics: we should compare doses with equivalent expected effect. Besides, we cannot draw any conclusion considering the small number of patients included in the subgroup of 0.5% ROPI and 0.375% BUPI

Reply 1: We must admit that this is inevitable bias of our study. But as we state in our study design, this is a real-world retrospective study mimicking the real clinical situations, not a RCT. 0.5% ropivacaine, 0.375% and 0.75% bupivacaine are the most common clinical options. Thus, this study only made comparison under these different concentrations. We will further carry out this

research under present basis.

Major comment 2: The main outcomes of the study is not clear. Is it the reduction in pain intensity on long term? and if yes, at what time. Or is it the reduction of the procedure related pain? it is not clearly defined in the method.

Reply 2: Our main outcome is 0.75% could reduce postoperative procedure-related pain. We have re-written this part according to the comment on original basis.

Changes in the text: Page 3, Line 13; Page 8, Measurements, Line 25-33

Minor comment 1: in the abstract, methods should also define the population.

Reply 1: The population enrolled in this study were mark in Abstract method. Page 3, Line 7.

Minor comment 2: in the abstract but also in the study, in the results part, the p-value should be mentioned when the results are statistically significant. Same thing for the OR in case of multivariate analysis.

Reply 2: We have re-written this part according to the comment.

Changes in the text: Page 3, Line 14-15; Page 11, Line 14.

Minor comment 3: it could be interesting to report the length of hospital stay and also the quality of life.

Reply 3: We have compared length of hospital stay, but there were no statistical differences among these 3 groups. Because all enrolled patients were diagnosed of malignant tumor, the hospital stay was affected by multiple factors. Some of the patients still underwent chemo. Herein we didn't present this part in the article.

Minor comment 4: the authors conclude in the abstract that "ropivacaine has a less arrhythmogenic effect in CPN". However, the difference is not statistically significant. We cannot conclude due to the small sample size.

Reply 4: We have re-written this part according to the comment.

Changes in the text: Page 3, Line 21-22.

Review Comments C

Comment 1: Although long-term pain relief has not been verified, the topic of this study is novel and interesting. In general, although retrospective nature, this is a well conducted study and well drafted manuscript.

Reply 1: We appreciate it so much.