

Peer Review File

Article information: <https://dx.doi.org/10.21037/abs-22-50>

Comment 1: Manuscript type

The authors define it as "a review of clinical practice combined with a scoping review", which is too modest and could be considered as a Systematic Review because of the detailed and specific search strategy (e.g., comprehensive timeframe and databases, complete search strategies, and conducted quality assessment). We believe that a systematic review would maximize the value of this paper and bring more powerful inspiration and suggestions to the reader.

- Option A:

Therefore, the authors need to revise the article according to the updated ABS's Guidelines for Authors (<https://abs.amegroups.com/pages/view/guidelines-for-authors#content-2-2>, 2.2.1 Systematic Reviews without Meta-analysis), including

- (1) Identify this manuscript as a Systematic Review in the "Title";
- (2) Arrange the "Abstract" (200-350 words max) as structured with Background, Methods, Results, and Conclusion;
- (3) Use a structured "Introduction" to increase readability: (a) Background (b) Rationale and knowledge gap (c) Objective;
- (4) Re-structure the "Discussion" to include a) Key findings, b) Strengths and limitations, c) Comparison with similar researches, d) Explanations of findings, e) Implications and actions needed;
- (5) Fill out and submit the "PRISMA Checklist":
<https://cdn.amegroups.cn/static/public/12-PRISMA-2020-Checklist.pdf?v=1676601552233>. A statement "We present the following article in accordance with the PRISMA reporting checklist" should be included at the end of the Introduction. The manuscript should also include a Reporting Checklist statement in the Footnote "The authors have completed the PRISMA reporting checklist".
The authors may refer to the Structure template (<https://cdn.amegroups.cn/static/public/2.2.1-Structure%20of%20Systematic%20Reviews-template-V2022.11.4.docx>).

- Option B:

However, the above comments can be omitted if the authors choose to publish it as a Clinical Practice Review due to their busy schedules. Again, we strongly recommend a systematic review, though.

In addition, due to the recent editorial update on the regulations of manuscripts (<https://abs.amegroups.com/pages/view/guidelines-for-authors#content-2-2>, 2.2.4 Clinical Practice Review)

- (1) Identify this manuscript as a Clinical Practice Review in the "Title";
- (2) Please re-arrange the "Introduction";

The authors may refer to the Structure template (<https://cdn.amegroups.cn/static/public/2.2.4-Structure%20of%20Clinical%20Practice%20Reviews-template-V2022.11.4.docx>).

Reply 1: We have reformatted the article as a Systematic Review, as described in Option A. The title, abstract, introduction, and discussion have been revised accordingly. Please see the revised manuscript. In the Discussion, Key Findings and Explanation of Findings have been combined to facilitate a better flow of ideas.

Comment 2: Abstract & Keywords

Please highlight "breast cancer" in the Abstract and Keywords.

Reply 2: We have now added breast cancer to the Keywords.

Changes in the text: See Keywords (Line 105)

Comment 3: Introduction

(1) Similarly, we suggest the authors add a description of breast cancer and explain why they focus only on lymphedema surgery in breast cancer patients and not secondary lymphedema surgery or others.

Reply 3(1): The scope of this article is focused on secondary lymphedema in breast cancer patients as this was the prompt provided in the invitation for this article.

Information regarding breast cancer related lymphedema is now included.

Changes in the text: Lines 117-118

(2) Given that there are several similar reviews in this field (PMID: 30580170, 36571707, 30175055), please highlight the novelty of this review in the introduction. What does this review add to existing knowledge? How does this review differ from previous reviews?

Reply 3(2): Thank you for this suggestion. Our paper not only provides an updated review of the literature, which is important given that lymphedema surgery is a rapidly evolving field, but it also goes a step beyond to propose an algorithm for the preoperative evaluation and surgical planning amongst candidates for lymphedema surgery, based on both literature review and the senior author's clinical experience.

This is now addressed in the manuscript both in the Introduction and in the Discussion under the section entitled "Comparison with Similar Research."

Changes in the Text: Please see lines 140-144; 359-368

Comment 4: Methods & Results

(1) Line 94: "published after 1990". We suggest the authors specify the timeframe, e.g., "1990.1-2022.7".

Reply 4(1): The timeframe is now specified – "between January 1990 and August 2023"

Changes in the text: See addition in Line 159.

(2) Could the authors consider using a table to summarize the key information of these 11 articles?

Reply 4(2): A table of article characteristics is now included.

Changes in the text: See Table 1.

Comment 5: Discussion

(1) In each subsection of the Discussion, we suggest the authors briefly summarize the relevant literature, which may help the reader to review this article objectively and deepen their understanding. For example, in the subsection "Preoperative Evaluation", which literature is consistent and which is inconsistent, what are the main differences, what are the possible reasons, and what do the authors add based on their practical experience? If available, it would be better to specify the data.

Reply 5(1): Thank you for this suggestion, the Discussion is reformatted to summarize the current literature, including any current controversies or differences in practice, followed by the senior author's practice..

Changes in the text: Please see revised Discussion sections entitled "Key Findings and Explanation – Lymphedema Staging and Preoperative Evaluation" and "Key Findings and Explanation – Surgical Planning and Procedure Selection."

(2) Please make sure the statements are evidence based, e.g., "In fact, studies have demonstrated that ... with nearly 100% sensitivity" (lines 159-161), "This is because prior literature has demonstrated that ... with cellulitis" (lines 277-279). Please cite the reference for the sentences and check the entire manuscript to address similar concerns.

Reply 5(2): Thank you for this comment. All statements are now cited in the manuscript.

Changes in the text: Please see the revised manuscript, including the statements highlighted above (now lines 218-220, "In fact, studies have demonstrated that..."; lines 334-336 "This is because prior literature has demonstrated...").

(3) It is necessary and important to transparently discuss the review's LIMITATIONS. A separate paragraph is highly suggested.

Reply 5(3): Thank you for this comment. A separate section for limitations is now added.

Changes in the text: Please see Discussion section entitled "Strengths and Limitations"

Comment 6: Others

Please define all abbreviations mentioned for the first time in the text, legends, and table footnotes, such as ICG (figure 2, table 1).

Reply 6: All abbreviations are written out at their first occurrence in the manuscript (for instance, ICG is written out in line 230 – "indocyanine green") and in footnotes of tables and figures.

Changes in the text: Please see Tables 1-2, caption for figure 2.