

Peer Review File

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Reviewer A:

Comment 1: *A minor note is several typos in the manuscript such as in line 150, (or should be of).*

Reply 1: We double-checked the manuscript and corrected the typos we found.

Comment 2: *I would also encourage the authors to include short video clips of their technique of liver bed resection and portal lymphadenectomy. I think these 2 clips will much enhance the content of this article.*

Reply 2: As suggested, we have edited a short video of our standard laparoscopic Sg4b-5 bisegmentectomy and regional lymphadenectomy for a case of T2 incidental gallbladder cancer after laparoscopic cholecystectomy.

Reviewer B:

Comment 1: *While your arguments are data review are sound, some of the grammar and sentence structure are difficult to follow. I would suggest re-review with careful attention to the working and sentence structure particularly in the introduction and discussion sections of the paper. There are several sentences that have contradictory adjectives, or conclusions.*

Reply 1: We actually found a contradictory passage in the introduction and modified it to make the article more logical and straightforward.

Changes in the text:

Lines 96-100 "Laparoscopic liver resections have experienced an exponential diffusion in the last decade. International consensus conferences have confirmed that, although it is a complex surgery that requires adequate expertise both in the field of general laparoscopy and open liver surgery, it can represent an advantage for patients, especially in short-term outcomes. Furthermore, the same consensus advocated the opportunity of making resections in the left lateral and anterior segments the standard of care."

Comment 2: *The structure of your paper is in the context of a narrative review. However, in the discussion and conclusions section you made several demonstrative statements and judgements on the use of laparoscopy. In this context I would suggest this would be better suited for a meta-analysis or systematic review. For example in your conclusions you state "Laparoscopy is feasible and safe with long term outcomes comparable to open approach in surgical management of Gallbladder Cancer, at least in early stages and performed in referral centers. Moreover, it confirms its well-known short-term benefits with less intraoperative bleeding, less morbidity and shorter length of hospital stay. Therefore, it should play an increasingly important role in the future." While this may be the result of some of the literature reviewed in your narrative, I find it hard to make these judgments based on a narrative review and not on a definitive systematic review and comparison of the literature and detailed comparison of the patient populations.*

Reply 2: We agree that in the conclusions section, statements are not appropriate for a narrative review but more for a systematic review. We have therefore modified these statements as follows.

Changes in the text:

Lines 408-415 ““The results of the articles considered in the present review seem to suggest that laparoscopy is feasible and safe in surgical management of gallbladder cancer. Long term outcomes appear to be comparable to open approach, at least in early stages of the disease and if surgery performed in referral centers. Moreover, laparoscopy confirms its well- known short-term benefits with less intraoperative bleeding, less morbidity and shorter length of hospital stay. Therefore, it could play an increasingly important role in the future. Although difficult to carry out, high-quality studies that can more solidly confirm these results are desirable. Stage adjusted therapy, pathologic factors, proper lymphadenectomy and avoiding bile spillage rather than the primary access technique, appear to be the key factors determining the long-term patient prognosis.”

Comment 3: *For your methods, were all studies that were no case reports or non-comparative studies included in the review? For a narrative review, you do not necessarily need to provide additional review criteria and parameters. However, if conclusions such as those references in #2 above are provided, more rigorous criteria for selection such as PRISMA guidelines ect...*

Reply 3: We agree that in a narrative review it is not necessary to exclude case reports and non-comparative studies. However, results of case reports and non-comparative studies we found went in the same direction of the articles we have considered.

Comment 4: *In your discussion of the role of lymphadenectomy, you discuss the paper by Bohan and colleagues. You state that "The study also confirmed that lymphadenectomy independently reduced the risk of mortality in the overall cohort by 48%. Besides, patients who did not receive LN dissection had roughly the same OS of those with node positive. Thus, Kemp Bohan et al. article once again strengthens the evidence on the importance of lymphadenectomy in GBC treatment." However, I would submit that the conclusion from this study is that those patients who underwent lymphadenectomy benefitted from improved staging and more accurate prognostication of their disease not, that lymphadenectomy improved survival. In fact, if you look at the survival curves as you point out in the manuscript, those who had node positive disease and underwent resection had the same poor survival as those who did not undergo resection. The original paper claims that there was improved survival in those who underwent lymphadenectomy however my impression is that this is misconstrued as there were several confounding factors including patients who underwent lymphadenectomy, being more likely to have had surgery at a tertiary academic center, more likely to have chemotherapy and more likely to have radiotherapy. Thus my impression is that this may need to be better described in the your interpretation of these findings.*

Reply 4: As suggested, we add a line in the manuscript to clarify the passage about the better survival for patient receiving lymphadenectomy

Changes in the text:

Line 338 Those results might be explained by the improved staging and more accurate prognostication of the disease conferred by the lymphadenectomy.