

Peer Review File

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Reviewer A Comments:

The authors are presenting an interesting overview of especially the impact of remote “scarless” operation technique on QoL in thyroid surgery. Although the literature concerning this issue is quite sparse and partially controvers the existing literature emphasize that remote access thyroid surgery does improve patient’s self-perception. Just a few remarks:

1. Please add a list of abbreviations.

Reply: This was added.

Change in text: List of abbreviations on Page 13, line 299-315 (additional abbreviations used in Table 1 are found immediately after the table, Page 14 line 322).

2. At the end of the introduction, please add a short passage about the aim of your review.

Reply: This was added.

Change in text: The aim of the review was defined on page 3, line 72-74.

3. It should be borne in mind that most studies do not include a specific questionnaire regarding the transcervical scar (ie. VSS or others) and that often generic questionnaires are used (SF-36) for QoL. Even in thyroid specific QoL-questionnaires the impact of the surgery scar is not sufficiently recorded. Therefore, a valid comparison of existing data is based on only a few studies. I would suggest to highlight this fact and discuss in more detail.

Reply: Thank you for this comment, this is an important consideration and should be mentioned to the reader.

Change in text: A paragraph discussing the variety and non-homogeneity of the scales used to assess QoL was added to page 11, Line 263-273.

Reviewer B Comments:

In the paper Quality of Life After Remote Access Thyroid Surgery the authors offer an extensive and well written review of the literature on the importance of QoL metrics after thyroidectomy with special emphasis on this metrics when using a remote access approach. I have some suggestions:

1. Page 5. Remote access approaches section, briefly mentions other approaches but then focus on TOETVA. As the next section goes into the QoL evaluated for other remote access approaches, I suggest to expand on this different approaches in this section.

Reply: This is true and we agree, thank you for pointing this out. It has been corrected with additional information added.

Change in text: Discussion of other remote access approaches, Page 6-7, lines 138-160.

2. Page 6. Line 110, please spell out BABA and UABA as this is their first appearance in the manuscript.

Reply: Corrected.

Change in text: Full spelling of BABA and UABA added, page 7, line 170.

3. Page 7. Line 134, “was been found”, maybe intended to be “has been found”.

Reply: Corrected.

Change in text: Corrected to “was found” Page 8, line 201.

4. Page 7. Line 140 and 142, please expand further what a score of 3, 3.9 and 9.02 mean for those not familiar with the DLQI scoring system. Consider adding a sentence of the DLQI scale.

Reply: Agree, this should be quantified.

Change in text: DLQI scoring better explained, Page 9, line 204-206, and line 212-213.

5. Page 8. Line 173, please spell out ETABA as this is their first appearance in the manuscript.

Reply: Corrected.

Change in text: ETABA spelled out, Page 10, line 247.

6. When talking about worse QoL for cancer patients, could be possible to mention in which specific metrics they do worse, are they concern of the scar or other factors play a more important role in this population decrease QoL.

Reply: This was added.

Change in text: More specific discussion regarding the domains of QoL that are affected in cancer patients, Page 5 line 111-114.

7. As both experienced and non-experienced providers will read this manuscript, I suggest giving a word of caution that remote access approach is not fit for all patients and that its use should be consider on an individual basis and done by experienced surgeons.

Reply: This is an important caution, agreed.

Change in text: Cautionary paragraph added detailing that remote access approaches may not be the right fit for every patient, nor every surgeon. Page 11, line 255-261.

Reviewer C Comments:

Some major and minor issues should be addressed.

Major

1. It is suggested the authors add the consequences that poor QOL can lead to in the introduction, indicating the severity. This will help the reader to understand the importance of improving the QOL after thyroid surgery.

Reply: The consequences of decreased QoL have been added.

Changes in text: Effects of decreased QoL added, Page 3, Line 67-70.

2. It is suggested the authors specify the objectives of this review in the end of the introduction.

Reply: This has been added.

Changes in text: The objective of the review has been added, Page 3, line 72-74.

3. There is no Methods section provided. Detailed literature search information can help assess whether the search is comprehensive and up-to-date.

Reply: The addition of a methods section and literature review details chart have been added.

Changes in text: addition of a methods section and literature review details chart, Page 4, line 78-83.

4. We suggest authors also consider discussing these included studies with an objective perspective. Specifically, which are more trustworthy while others are not? Have authors considered some (even the simplest/most obvious) limitations/quality of this evidence? Would different national QOL assessment tools and criteria have an impact on the outcomes?

Reply: This is a good point, as there are many different scales and surveys used across the studies, and some are generic quality of life data collection instruments, which are likely less reliable. However, the tools/metrics utilized by these studies have undergone validation for QoL measures, so we would not go so far as to say any papers mentioned are untrustworthy. Certainly, some would produce stronger evidence than others, if the tools used have been tailored for thyroid cancer patients.

Changes in text: A paragraph discussing this has been added, Page 11, line 263-273.

Minor

1. It's suggest the authors put the main results and conclusions of this review in the Abstract, which would help the readers to quickly access the main content of this review.

Reply: The abstract has been re-structured and updated

Changes in text: Page 2, line 25-43.

2. Please replace the abbreviation "TOETVA" with the full name.

Reply: This was replaced

Changes in text: Keywords were updated to "Transoral endoscopic thyroidectomy vestibular approach", Page 2 Line 45-46.

3. For readers' convenience, could the authors consider drawing a three-line table to summarize the relevant information in these literatures. For example, factors (including age, sex, extent of surgery, education level, etc.)-QOL outcomes-recommended solutions (it could be from the perspective of patients, clinicians, support groups, etc.), if available.

Reply: A table was added summarizing the findings of each paper discussed, as well as the demographics of the study participants and the QoL metric/instrument utilized. In terms of recommended solutions, we found that these were not extensively discussed within the papers. We do wish to investigate whether the absence of a cervical incision contributes to improved QoL outcomes.

Changes in text: A table was added summarizing the findings of each paper discussed, as well as the demographics of the study participants and the QoL metric/instrument utilized. Page 14-15, line 322.