

## Peer Review File

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### **Reviewer A**

Since the first publication of central pancreatectomy in 1910, parenchyma preserving pancreatectomy is gaining momentum, especially with the robotic approach. Dr. Krishna Kotecha and his team presented this case report of robotic central pancreatectomy with PG anastomosis. This report was nicely done. But I have the following major comments:

- 1) inadequate literature citations. such as PMID: 33797734
- 2) inadequate discussion about the PG vs PJ regarding the postoperative complication rates.
- 3) inadequate description of the postoperative outcome of this case.

I recommend converting this case report to a review article by adding more literature reviews on central pancreatectomy, robotic central pancreatectomy, the advantages of using robotic techniques for central pancreatectomy and also the points above.

Thank you for your encouraging feedback.

1. Citations have all been re-done
2. Significant changes have been made to the body, including discussion on reconstruction type (PG vs PJ). See line 170-190
3. This information has been added to the report (lines 103-108)

This case report has been converted into a review article. Three tables have been added summarizing the literature on robotic central pancreatectomy, and the discussion has been almost entirely re-written. The benefits of the robotic platform are discussed in lines 154-170.

### **Reviewer B**

Dear authors,

I read with great attention the manuscript entitled "The robotic central pancreatectomy with pancreatogastrostomy: surgical technique".

I apologize but I think this manuscript is not suitable for publication. the video is well described and surgeon skills are impressive. The surgical technique is interesting but has already been described for years. It should have been interesting to have a small series of your experience of central robotic pancreatectomy to really appreciate that this technic is safe for patient and eventually to compare your results to open, hybrid or laparoscopic central pancreatectomy especially for post-operative outcomes.

Thank you for your encouraging feedback. We have converted this report into a review

of the literature. As suggested, we will shortly complete a retrospective series of our single centre experience of the robotic central pancreatectomy.

### **Reviewer C**

This manuscript describes the technique of robotic central pancreatectomy (CP). And the authors suggested that utilisation of pancreatogastrostomy allows the procedure to be performed with greater ease, avoids an additional enterostomy, and delivers a minimally invasive procedure.

This paper describes the complex surgical process, central panachectomy, very clearly. This paper describes the complex surgical process, CP very clearly. In addition, the video surgical process also shows the point of a concise and accurate surgical process. Therefore, it is considered to be a great help in understanding and mastering the surgery. However, what I want the authors to deal with in discussion is the pros and cons of PG and PJ. Obviously, as the authors said, PG is an easy anastomosis method, but many pancreatic surgeons often do not follow the procedure (PG). The biggest reason is that long-term follow-up of PG shows complications such as enlargement of the pancreatic duct of remnant pancreas or loss of pancreatic parenchyme. I wonder what the authors think about this part.

Thank you for your encouraging feedback. We have added significantly to the discussion, and have referenced multiple papers in the debate between PG and PJ. Although controversial, PG was used exclusively with robotic CPs in our centre due to the relative technical ease of anastomosing the distal pancreas remnant to the posterior gastric wall. The full discussion is available in lines 170-200 in the re-done discussion.