

Peer Review File

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This is an excellent paper on the "How to" preform a Hand-sewn anastomosis for minimally invasive 4 laparoscopic Ivor Lewis esophagectomy.

A few suggestions

1) If you have an edited video of this technique, would you submit it as well?

Answer: Here we attach an edited video.

2) As you state these are your first 27 cases, can you calculate the learning curve? I am not sure this technique should be advocated with such short term and non-superior outcomes. Maybe, drafting the paper as a learning curve manuscript, discussing how long it took the group to perfect this technique.

Answer: We understand and share some of the reviewer's concerns. Although we believe that the results and standardization of this technique are promising, we are aware that esophagectomy requires a learning curve and this can be highly variable, between 30 and 100 cases according to the published literature (1, 2). With which, we know that this technique can continue to improve. We have modified our manuscript to make it clearer (highlighted).

1-Wang T, Ma MY, Wu B, Zhao Y, Ye XF, Li T. Learning curve associated with thoraco-laparoscopic esophagectomy for esophageal cancer patients in the prone position. *J Cardiothorac Surg.* 2020 May 27;15(1):116. doi: 10.1186/s13019-020-01161-8. PMID: 32460784; PMCID: PMC7251852.

2- van der Sluis PC, Ruurda JP, van der Horst S, Goense L, van Hillegersberg R. Learning Curve for Robot-Assisted Minimally Invasive Thoracoscopic Esophagectomy: Results From 312 Cases. *Ann Thorac Surg.* 2018 Jul;106(1):264-271. doi: 10.1016/j.athoracsur.2018.01.038. Epub 2018 Feb 15. PMID: 29454718.

3) Can you be more specific in your comparison, ie to circular EEA

Answer: In our experience, the anastomosis with circular mechanical suture in the prone position is uncomfortable, with a lot of manipulation of the gastric tube and the need for a larger thoracotomy. Comparing to our previous cases was not reliable because this series was followed-up prospectively and all the other data was not available. A lot of endpoints are missing for previous cases and showing a benefit of this technique in that context would be biased to our opinion. We have modified our manuscript to make it clearer (highlighted).

4) I would suggest removing the last data point, i.e. the last case where FlexDex® was used. This distracts from the articles purpose which was to show case the hand-sewn technique. This could be

an abstract in the future.

Answer: We thank the reviewer input and suggestion. The use of Flex Dex does not change the concept of the anastomosis but gives better ergonomic to the surgeon and it should benefit the whole procedure in the long-term. Due to the innovation and contribution that it means to this technique, we believe that the use of Flexdex should be in this paper.