

Peer Review File

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Reviewer A

Reviewer A comment 1

This nominal 'review' is really not very informative. The authors describe very briefly some clinical aspects of anaesthesia in oral cancer surgery. Interestingly, I could not find many similar articles in PubMed, which is a response to the fact that the article does fill the gap to some extent. However, unfortunately, I feel that the article itself is still far from sufficient in terms of content.

Authors' reply to comment 1

This is a conventional review article, not a narrative or systematic review. The conventional review article is an article category and style that is accepted by JOMA, and this style of review was specifically approved by the commissioning editors and the journal's editorial office.

The article was commissioned to address the “gap” in the literature and the “gap” in clinical guidance currently available to anaesthetists - to which the reviewer specifically refers.

Understandably, the reviewer does not have editorial oversight of the entire article series, which we do. This article was designed to fulfil a specific requirement in the series i.e., provide evidence-based guidance to anaesthetists undertaking anaesthesia for minor surgery in oral cancer since there is *limited* existing evidence in this area (in fact, no other dedicated review article exists on this subject to date). There is a paucity of literature in this area, therefore, this article was designed to collate what evidence there is, distilling the information from a wide subject area, and to present it to anaesthetists in a cogent and readable format.

There is a *genuine requirement* for guidance in this area since minor surgery (i.e. *not* major surgery involving major cancer resection or reconstruction) makes up a significant proportion of the caseload of maxillofacial units. The subject/remit of this article was chosen to *complement* the other articles in the series, filling the void that is not addressed by the other articles in the series that have very clearly defined subject topics such as “preoperative assessment” and “postoperative care”.

This is a challenging to topic to cover because the subject area is broad, diverse, and rather imprecisely defined.

In our revised manuscript, we have added significant detail as to the specific remit of this review, the subject topic, the definition of “minor surgery” and where this review lies in the context of the series, complementing the other articles and fulfilling a need in the literature – providing guidance to anaesthetists in an area of practice where guidance does not currently exist.

Reviewer A comment 2

First of all, the biggest problem I think is that a short summary of around 30 references with only around 2000 words can hardly match a review. I suggest the authors add a lot of recent studies to make the article meet the requirements of a review. Or, the authors can consider simplifying the content and writing it as Editorial commentary. I read that this is among the types of manuscripts accepted by JOMA.

Authors' reply to comment 2

The revised manuscript is >5000 words in length, in accordance with the JOMA author guidance for this type of review article. In addition, the revised manuscript specifically follows the JOMA template for this type of review article.

As this reviewer has already pointed out, in their own PubMed search and associated review comment above, there is a paucity of robust papers in this particular area of practice, therefore the number of references is *appropriate* for the limited existing evidence-base. The reviewer is unrealistic as to their request to “add a lot of recent studies” since they themselves did not find many on a literature search. This style of review article was specifically chosen, as the current evidence-base does not justify a narrative or systematic review on this topic. We have undertaken extensive literature searches, and have already included the studies that are relevant and of sufficient patient numbers/scientific rigor. In addition, we have specifically chosen to limit the number of “minor procedures” to a select few as these are the procedures which are most relevant to anesthetists practicing in this area, are most commonly performed, and currently have the most evidence-base. Nevertheless, we have managed to add a limited number of additional references/studies in the revised manuscript.

The revised manuscript has undergone major revision and the authors are confident that it now meets the requirements for a review article, as defined by the JOMA author guidance.

Reviewer A comment 3

What does minor surgery mean in the title? As a reader, it is difficult to figure out what the author is trying to say.

Authors' reply to comment 3

The revised manuscript provides further detail on this, with a clear definition of what “minor surgery” entails and the specific remit of the review.

Reviewer A comment 4

The abstract emphasizes the need to consider the complexity of such patients so that surgical anaesthesia cannot be underestimated. The authors also mention some anaesthetic considerations, such as airway evaluation, pathology consideration, etc., but I don't know what the purpose of this article is and what this article is really about if I just read the abstract. I would suggest the authors state this directly and clearly.

Authors' reply to comment 4

The revised abstract provides a more clearly defined purpose for the review, with a more explicit definition of what constitutes “minor surgery”, a clearer remit of the review, and why the guidance is needed.

Reviewer A comment 5

The information in the introduction is too little, there are only 3 papers. The introduction should point out why the authors need to write this article, what has been previously reviewed but not discussed (so this review needs to be discussed), and what value this article has to the practice.

Authors’ reply to comment 5

The revised introduction provides a more clearly defined purpose for the review, with a more explicit definition of what constitutes “minor surgery”, a clearer remit of the review, and the value of the review to clinical practice. The revised introduction specifically follows the JOMA template for this type of review.

The number of references *should* be limited in the introduction – the introduction is designed to “set the scene” for the rest of the paper, where the bulk of the references should be contained within the main body of the manuscript. This is consistent with any review article.

Reviewer A comment 6

In the main body of the article, it is curious why the authors wrote about preoperative assessment, and also about procedure-specific assessment, but did not write anything about postoperative anaesthesia management (e.g., important pain management, awakening management, etc.).

Authors’ reply to comment 6

The reason why there is a section on preoperative assessment is that preoperative evaluation can be approached in a *similar* methodical systematic manner for patients undergoing any of these minor surgical procedures; however, the intraoperative and postoperative management is *different* for each individual surgical procedure being undertaken. A sentence explaining this is now included in the preoperative assessment section.

Additionally, greater detail has been provided on other aspects relating to anaesthesia management, specific to each surgical procedure, in the revised manuscript.

Reviewer A comment 7

In the main body of the article, there is indeed some content about anaesthesia, but it is too little, mostly very routine and redundant content about the procedure itself. After reading it one still does not know how one should better manage anaesthesia preoperatively and intraoperatively. The current information is more like a pile of literature. The authors need to give specific, clear, summary content for each section, including anaesthesia tips in preoperative assessment and procedure-specific considerations (tongue biopsy, TLM/TOLM, lingual tonsillectomy, dental procedure, micrographic surgery, day case surgery).

Authors’ reply to comment 7

Greater clarity is provided on specific recommendations for anaesthesia practice in the revised manuscript. The details regarding the surgical procedure are not “redundant”, and a clear understanding of the surgical requirements is *essential* for anaesthetists in order to tailor their anaesthetic accordingly, to maximize surgical access/conditions, minimize complications, and optimize patient outcomes.

Understandably, the reviewer does not have editorial oversight of the entire 10-article series, which we do. We have had to be very careful not to repeat the information that is covered in other articles within the series, e.g., we have been careful not to stray into robotic surgery or advanced airway techniques, to avoid tautology within the series. There is a dedicated article on preoperative assessment, therefore we have specifically highlighted the most relevant things to look out for (and not miss) in this particular patient cohort rather than provide a generic approach to preoperative assessment in all patients undergoing oral cancer surgery.

Reviewer B

Reviewer B comment 1

Title: Please consider using a more informative title. I failed to know the primary focus of the review from the current title because it covers a wide range. In the title, also clearly identify this manuscript as a narrative review.

Authors' reply to comment 1

The title is unchanged; however, greater detail is provided in the revised abstract and revised introduction as to the definition of “minor surgery” and the specific remit of the review. The reviewer is indeed correct – the review does cover a wide range, as it addresses a large area of anaesthesia practice that is not covered by the other articles in the series (which cover more well defined discrete areas of practice). This is specifically why this review is needed – in order to provide guidance to anaesthetists in an area that is currently severely lacking in guidance and evidence-base, despite “minor surgery” encompassing a significant proportion of the workload in maxillofacial surgical units.

Reviewer B comment 2

Introduction: Requires a background introduction to anaesthesia for oral cancer surgery. What's the definition of minor surgery in oral cancer?

Authors' reply to comment 2

The revised manuscript provides the reader with a more explicit definition of “minor surgery” and the purpose, aims and scope of the review.

Reviewer B comment 3

The authors stated the review's objective in the introduction “This article focuses upon the anaesthetic considerations for managing patients with oral cancer undergoing minor surgical procedures”. However, the authors focused too much on how to improve the effectiveness of different surgical procedures, such as “Transoral laser microsurgery” and “Lingual

tonsillectomy”. It seems there is no information about anaesthetic considerations in “Lingual tonsillectomy”.

Authors’ reply to comment 3

The revised manuscript includes more explicit recommendations for anaesthesia considerations/practice.

The details regarding the surgical aspects of the procedures are vital to anaesthetists’ understanding, as it is with this appreciation of the procedures themselves that the anaesthetist is able to tailor their technique accordingly to maximize surgical access, optimize surgical conditions, anticipate issues and conduct safe, effective anaesthesia.

Reviewer B comment 4

I suggest the authors consider revising the subsection “Procedure-specific considerations” to “Procedure-specific anaesthetic considerations”.

Authors’ reply to comment 4

Accordingly updated in the revised manuscript.

Reviewer B comment 5

Meanwhile, a further detailed description of the anaesthetic considerations (e.g., anaesthetic technique, type and quantity of anaesthetic drugs) is necessary. For example, in the current “Micrographic surgery” section, the clinicians would be confused about what’s is high volumes of local anaesthetics. What’s the maximum safe dose? The manuscript would greatly benefit from further detail on the anaesthetic considerations course.

Authors’ reply to comment 5

Greater detail on the anaesthetic considerations is provided in the revised manuscript, and, specifically more salient details regarding maximum doses of local anaesthetic agent are included as requested by the reviewer.

Reviewer B comment 6

I would like to point out the description of the conclusion. The current does not mention anaesthetic considerations. The conclusion should include answers to the focused questions posed by the review (i.e., the authors should summarize the recommendations of anaesthetic considerations in oral cancer surgery for clinical guidance).

Authors’ reply to comment 6

To summarise *all* the anaesthetic recommendations from the review article, which covers such a diverse area of anaesthetic practice, is not possible in the conclusion. The conclusion is designed to highlight the *absolutely crucial aspects* of anaesthesia care relevant to these patients – meticulous airway assessment despite the relatively *minor* nature of the surgery being undertaken, thorough planning of the airway management strategy, preparing to fail – i.e. planned rescue oxygenation techniques since failure with initial management plans should be anticipated in this patient group.