

## Peer Review File

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### Reviewer A

This paper is thought to be a well-written paper. I think it will be a great help to the reader. Various questions were also organized well with limitation at the end of the paper, making it easier to understand.

However, the sample size is small, so it is difficult to accept it as a strong result.

My opinion is accept without revision.

*Reply 1: Thank you very much for your kind comment. We sincerely agree that the sample size was one of the limitations in this study, as the reviewer suggested. We appreciate your kind consideration with acceptance of the paper.*

*Changes in the text: None.*

### Reviewer B

1. Good matching methods
2. did not address the level of skill set of operating surgeons in both groups. I suspect LG D2 were performed by trainee under supervision whereas non D2 LG were done by experienced surgeons hence the similar LNH (D2 vs Non-D2 = 44 vs 38,  $p = 0.1332$ ), also explains the higher pancreatic fistula rate in LG D2 group if my postulation was right.
3. Both operations should have excellent outcomes under the hands of experience surgeon since the stage of cancer in this study is early stage.
4. overall very good study

*Reply 2: Thank you very much for your kind comments. We apologize for the lack of explanation in the previous version of our manuscript. All operations were performed by experienced surgeons or trainee supervised by experienced surgeons. An experienced surgeon was defined as a qualified surgeon by the Endoscopic Surgical Skill Qualification System of the Japanese Society for Endoscopic Surgery in Japan. In this study, 15 cases in D2 and 8 cases in Non-D2 were performed by experienced surgeons, which was no significant difference ( $p = 0.929$ , data not shown). Among three cases of pancreatic fistula, one was laparoscopic total gastrectomy with splenectomy performed by an experienced surgeon. The other cases were done by trainees supervised under supervision. Therefore, it was possible that immature skills resulted in the intraoperative compression of the pancreas or thermal damage to the pancreas by an energy device for the extended lymphadenectomy.*

*Changes in text: All operations were performed by experienced surgeons or trainee supervised by experienced surgeons. An experienced surgeon was defined as a qualified surgeon by the Endoscopic Surgical Skill Qualification System of the*

*Japanese Society for Endoscopic Surgery (see Page 6 line 16-18).*