Peer Review File

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Reviewer A

Comment 1: Can the author report all surgeons' surgical experiences with the number of surgery?

Reply 1: Thank you for the suggestion. We have added a table to show the different surgical experiences of the two groups of surgeons.

Table1 surgeon's surgical experiences

	Total number of surgeries(n)	Number of laparoscopic surgeries(n)	Number of open surgeries(n)
Group A			
Surgeon 1	800	400	400
Surgeon 2	700	300	400
Surgeon 3	900	450	450
Surgeon 4	900	400	500
Surgeon 5	1000	500	500
Group B			
Surgeon 1	130	80	50
Surgeon 2	150	100	50
Surgeon 3	100	60	40
Surgeon 4	100	70	30
Surgeon 5	120	80	40

Changes in the text: We have added a table to the supplementary table.

Comment 2: Can the author present the details of the complication and the severity of the complication?

Reply 2: In group A, we had only one case of reoperation for anastomotic leakage. In group B, a total of four patients underwent reoperation, including two cases of anastomotic leakage, one case of abdominal abscess, and one case of intestinal obstruction.

Changes in the text: We have modified our text as advised (see Page 9, line 142-145).

Reviewer B

Comment 3: However, the study design is unfortunately not appropriate to answer this question, due to the lack of a comparision between results of surgeons who have been trained and surgeons who have NOT been trained.

Reply 3: We agreed that the results would be better if there were comparisons of outcomes between trained and untrained surgeons. However, we do not have access to these data. All of our surgeons from the curricula center was trained to be qualified to perform robotic surgery. Our results suggested that to some extent, the curricula was not effective for surgeons with limited laparoscopic experience. This result reminded

us that we need to redefine the curricula for these surgeons. In further study, we could compare the effectiveness of the new curricula with the existing ones. On the other hand, we could conduct relevant studies on specific surgery such as low anterior resection and right hemi-colectomy

Changes in the text: N/A

Reviewer C

Comment 4: Where can I find Table 2 and Table 3? I don't see them in the submitted manuscript.

Reply 4: Tables 2 and 3 are as follows.

Table2 intraoperative data and postoperative recovery

	Group A	Group B	
	(n=75)	(n=75)	<i>p</i> -value
Operation time(min)*	200.9±38.9	254.2 ± 29.9	< 0.001
Blood loss(mL)*	100(30-200)	150(30-220)	0.025
Vessel injury (n,%)	2(2.7)	11(14.7)	0.009
Intestinal injury (n, %)	0(0.0)	5(6.7)	0.023
Adjacent organ injury(n,%)	0(0.0)	0(0.0)	1.000
Postoperative hospital stay (days)**	7.9 ± 2.1	9.6 ± 4.1	0.002
Postoperative complications (n,%)	5(6.7)	17(22.7)	0.025
Anastomotic leakage	4(5.3)	11(14.7)	
Abdominal abscess	1(1.3)	2(2.7)	
Lung infection	0(0.0)	2(2.7)	
Intestinal obstruction	1(1.3)	3(4.0)	
Lymphatic leakage	0(0.0)	2(2.7)	
Incisional complications	0(0.0)	1(1.3)	
Reoperation within 30 days(n,%)	1(1.3)	4(5.3)	0.036

^{*}values are average ± standard deviation; *values are medium(range);

Table3 pathological information

	Group A	Group B	1
	(n=75)	(n=75)	<i>p</i> -value
Lymph node count*	14.1±6.5	14.5±5.9	0.703
Positive lymph node count*	1.2 ± 0.6	1.6 ± 0.8	0.327
Pathological staging (n, %)			0.630
high-grade intraepithelial			
neoplasia	3(4.0)	1(1.3)	
1	21(28.0)	17(22.7)	
2	26(34.7)	27(36.0)	
3	25(33.3)	30(40.0)	
Maximum tumor diameter			0.662
(mm) **	4.5 ± 1.8	4.3 ± 1.6	
Cancerous nodule (n, %)			0.785
No	67(89.3)	68(90.7)	
Yes	8(10.7)	7(9.3)	_

Intravascular	tumor			0.806
thrombus (n, %)				
No		66(88.0)	65(86.7)	
Yes		9(12.0)	10(13.3)	
Negative Margins (n, %)			1.000	
No		0	0	
Yes		75	75	

^{*}values are average \pm standard deviation.

Changes in the text: N/A

Comment 5: Specifically what kind of intraoperative and postoperative complications were studied?

Reply 5: Intraoperative complications included vessel, intestinal, and adjacent organ injuries. Postoperative complications included anastomotic leakage, abdominal abscess, lung infection, intestinal obstruction, lymphatic leakage, and incisional complications.

Changes in the text: N/A