

## Peer Review File

Article Information: <http://dx.doi.org/10.21037/jgo-22-763>

Review Comments:

Comment 1. I think the paper would be more structured if the section "Anatomy-first approach" and "Lymphadenectomy" included not only the matters for pancreatic head cancer but also pancreatic body/tail cancer including the RAMPS or DP-CAR. Otherwise, it would be better to clarify that these sections as well as "Artery-first" and "mesopancreas" section focused on pancreaticoduodenectomy for pancreatic head cancer.

Reply 1: In order to improve the structure we have made a few changes in these sections. In the "Anatomy-First approach" we have included data about the importance of preoperative study for distal pancreatic resections (See page 6, line 267). Regarding the other sections (Artery-first / Lymphadenectomy / Mesopancreas) we chose to include "PD:" in the subtitle as they focus in pancreatic head resections. The lymphadenectomy in distal pancreatectomies is clarified in the "Distal pancreatectomy" section.

Changes in the text:

**"In the setting of distal pancreatectomies, preoperative imaging is crucial from the beginning, as to define the plane of dissection. A more deep retroperitoneal invasion should prompt the surgeon for the removal of the adrenal gland, following the posterior RAMPS technique (38).**

**Here, knowledge of the peripancreatic vascular anatomy can also help predict intraoperative challenges. As an example, when pancreatic parenchyma surrounds the splenic artery's root, this can translate into greater risk of bleeding. Splenic vein tumoral contact should also be investigated. Precise understanding of this anatomy appears to be specially important for minimally invasive distal pancreatectomies. (39) Preoperative assessment of the pattern of anatomical variant is even more crucial for classification and planning of celiac arterial resections. For instance, when a tumor spares the proper hepatic and the gastroduodenal arteries, the celiac artery resection may dismiss the need for revascularization. (40)"** (See page 6, line 267).

Moreover we changed the order of the references accordingly. We also included:  
39 Nishino H, Zimmitti G, Ohtsuka T, et al. Precision vascular anatomy for minimally invasive distal pancreatectomy: A systematic review. J Hepatobiliary Pancreat Sci. 2022 Jan;29(1):136-150. doi: 10.1002/jhbp.903. Epub 2021 Feb 17. PMID: 33527704.

Comment 2. In the issues of the extent of lymphadenectomy for pancreatic body/tail cancer, please add whether the nodes #8 and #14 should be dissected.

Reply 2: We have specified that these node stations should be considered for dissection in the "distal/left pancreatectomy" section and modified the text.

Changes in the text: **"Resection of common hepatic, celiac artery and superior mesenteric artery nodes(Nos. 8, 9 and 14) should be considered, especially for more proximal tumors such as those located in the body. Although we favor routine extended lymphadenectomy, evidence remains debatable "** (See page 10, line 513-516)

Comment 3. In the section "Venous management", please briefly add the issues of left-sided portal hypertension mainly caused by unreconstructed splenic vein.

Reply 3: We had added data regarding the importance of splenic vein reconstruction.  
Changes in the text: (See page 9, line 458)

**"Aside from challenges in the resection, venous involvement of the portomesenteric axis should be accounted for careful and planned reconstruction. Consequences of not maintaining splenic vein drainage can be severe and lead to segmental portal hypertension, esophageal varices, splenomegaly and even gastric congestion. (63) When feasible, reinsertion of the splenic vein into the portal vein with an end-to-side anastomosis is both straightforward and effective. (Figure 8)**

**" (See page 9, line 458)**

Comment 4. The presented figures are impressive and especially well summarized the types of artery-first approaches. I think adding some figures or photos showing the extent of resection in RAMPS would enhance the impact of the paper.

Reply 4: **We have decided to include the figures 9A and 9B demonstrating RAMPS resection. We please ask the editors to include also other figures for completeness. All the figures are attached to the email, including a document with the respective legends.**

Changes in the text:

**Inclusion of figures 1B, 1C, 5D, 9A and 9B.**

**Replacement of old figure 5D as 6B.**

**Replacement of old figure 1 as 1A and 6 as 6A.**

**Changes in legends and manuscript as attached.**

**Respective changes in text citation to the figures.**