

Peer Review File

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Reviewer A

This paper by Yanghui et al. entitled ‘The “quadrant-sandwich” method in clockwise modular D2 lymph node dissection in laparoscopic total gastrectomy’ is an interesting study about the importance of the standardized procedure of laparoscopic total gastrectomy.

This current study states scientifically that standardized procedures can reduce adverse events, which has been believed empirically.

However, there are several issues to reconsider.

Major

1. What is the difference between traditional lymphadenectomy and clockwise modular one? I think traditional procedures have also been performed by experts for a long time, which must have been done in the appropriate order. Please clarify “the traditional LND” and the difference between the two procedures.

Response: Thank you for your suggestion. we have modified our text as advised (see Page 4, line95).

2. In this study, LND was performed following the quadrant-sandwich method. That procedure was already reported about the effectiveness. However, the nerve-oriented approach (Uyama I et al. Novel integrated robotic approach for supra pancreatic D2 nodal dissection for treating gastric cancer: technique and initial experience. World J Surg 2012; 36: 331-337) has become popular. Please mention this procedure and clarify the advantages of the quadrant-sandwich methods.

Response: The article you are talking about is robotic lymph node dissection for gastric cancer. The surgical method is the same as the traditional surgical method. I put these two questions together to reply. I hope the content of the reply will be to your satisfaction (see Page 4, line95)

3. This study shows the short-term benefits of the new procedure of LND; therefore, the occurrence rate of postoperative complications should be mentioned following Clavien Dindo classification.

Response: Thank you for your suggestion. we have modified our text as advised (see Page 15, line407, table 4).

Minor

1. There are several grammatical and spelling errors. In addition, the font should be consistent throughout the paper.

For example, on page 7, line 203, the sentence 'Anatomical level correctly, that is....' is difficult to understand, and on page 5, line 139, the word 'region I ' should be 'region I.'

Response: We are very sorry for our negligence of this mistake about this sentence, we have made correction in the revised manuscript according to the Reviewer's comments.

2. Following the current guideline, No. 10 lymph node dissection is usually performed for locally advanced upper gastric cancer, which invades the greater curvature side. Do you perform No.10 lymph node dissection for all advanced cancer located at the upper gastric body? Please mention and explain it in the sentence.

Response: Thank you for your suggestion. In this article, we have explained which patients underwent No 10 lymph node dissection(see Page 3, line74).

3. On page 5, line 147, is the sentence '... from the root of the left gastric omental vein, the root of the right gastric omental vein...' correct? Left gastric epiploic vein contains No.4sb; therefore, please correct it if this sentence is a mistake.

Response: We are very sorry for our incorrect writing about it. We deleted the wrong content(see Page 6, line172).

4. Chi-square, Fisher, and Mann-Whitney U were used for analysis in statistical methods. However, Z-test was also used. Please check the statistical methods and unify them.

Response: Thank you for your suggestion. Mann-Whitney U test, also known as Z test, both of them are the same statistical method, which we have unified in this paper.

5. On page 8, line 222, LND in laparoscopic gastric cancer surgery is more difficult and technically demanding than those in laparoscopic colorectal cancer surgery. Are there any reports or evidence? If possible, please note them.

Response: Thank you for your suggestion. we have modified our text as advised (see Page 9, line251).

6. There must be several limitations in this study, not only the small number of the cases. Therefore, they should be clarified in the independent paragraph.

Response: Thank you for your suggestion. we have modified our text as advised (see Page 10, line298).

7. There are several inappropriate spaces in the description of the table. Please correct them.

Response: Thank you for your suggestion. we have done it.

Special thanks to you for your good comments.

Reviewer B

- 1) First, the title needs to indicate the outcomes of this study, the comparisons between quadrant-sandwich and traditional LND, as well as the clinical research design of this study, i.e., a retrospective comparative cohort study.

Response: Thank you for your suggestion. we have modified our title as advised.

- 2) Second, the abstract needs some revisions. The background did not describe the knowledge gap on the efficacy of quadrant-sandwich. The methods need to describe the inclusion of subjects, assessment of baseline clinical factors, method for the assignment of the two treatments, follow up procedures, and measurement of efficacy and safety outcomes. The results need to briefly describe the clinical characteristics of and the baseline comparability between the two groups. Please describe the accurate P values and provide empirical data to support the findings on the safety outcomes. The current conclusion should be tone down since this study is not a RCT.

Response: Thank you for your suggestion. We have revised this part according to your opinion(see Page 2, line36、 44、 47).

- 3) Third, the introduction needs to review the available strategies to address the issues in the traditional laparoscopic surgery, how the quadrant-sandwich method was developed, and analyze why it is effective and safe, as well as the current knowledge gaps on its efficacy and safety.

Response: Thank you for your suggestion. we have modified our text as advised (see Page 4, line95).

- 4) Fourth, in the methodology of the main text, please describe the clinical research design, sample size estimation, assessment of baseline clinical factors, and grouping methods for the two treatments. Without randomization grouping, it is very difficult to have comparable two groups. Please also describe the assessments for the efficacy and safety outcomes. In statistics, please describe the test of the comparability of the two groups and ensure $P < 0.05$ is two sided.

Response: Thank you for your suggestion. From 2019.1 to 2022.1, we enrolled 108 patients and divided them into two groups according to different surgical methods. There was no significant difference in baseline data between the two groups, so we carried on the next analysis and got a series of results. We added statistics on postoperative complications.

- 5) Finally, please cite several related papers: 1. Wang Z, Liu X, Cheng Q, Wei Y, Li Z, Zhu G, Li Y, Wang K. Digestive tract reconstruction of laparoscopic total gastrectomy for gastric cancer: a comparison of the intracorporeal overlap, intracorporeal hand-sewn anastomosis,

and extracorporeal anastomosis. *J Gastrointest Oncol* 2021;12(3):1031-1041. doi: 10.21037/jgo-21-231. 2. Yuan P, Yan Y, Jia Y, Wang J, Li Z, Wu Q. Intraoperative gastroscopy to determine proximal resection margin during totally laparoscopic gastrectomy for patients with upper third gastric cancer. *J Gastrointest Oncol* 2021;12(1):142-152. doi: 10.21037/jgo-20-277. 3. Wang Y, Lei X, Liu Z, Shan F, Ying X, Li Z, Ji J. Short-term outcomes of laparoscopic versus open total gastrectomy after neoadjuvant chemotherapy: a cohort study using the propensity score matching method. *J Gastrointest Oncol* 2021;12(2):237-248. doi: 10.21037/jgo-20-374. 4. Wang F, Zhang S, Zhao W, Wang D, Tang S, Zhang Q. Open distal gastrectomy versus laparoscopic distal gastrectomy for early gastric cancer: a retrospective study. *J Gastrointest Oncol* 2021;12(6):2743-2748. doi: 10.21037/jgo-21-782. 5. Feng Q, Zhang T, Xie M. Is D2 laparoscopic gastrectomy essential for elderly patients with advanced gastric cancer? *J Gastrointest Oncol* 2022;13(5):2703-2704. doi: 10.21037/jgo-22-513.

Response: Thank you for your suggestion. We have quoted several excellent papers you recommended as references for our articles.