

Peer Review File

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Reviewer A

1. Suggest add reference: Sugarbaker PH. Malignant peritoneal mesothelioma presenting as a mass in a Spigelian hernia. Report of a case. Int J Surg Case Reports 2020;68:239-241.
2. Well-presented case report with concise literature review.

Reply: Thank you for your comments. The reference suggested has been added.

Changes in the text: Added as reference #15 in the color red (page 6 line 217) in the text and in the list of references (page 12 line 429-430)

Reviewer B

It is comprehensive in both scope and breadth, representing an important addition to the literature for treating surgeons and referring clinicians alike.

A few comments:

1. You have noted PCI at exploratory laparoscopy, but did you also note a PCI during CRS-HIPEC? Often times we note a difference due to either disease progression or inherent limitations of laparoscopy/imaging. Please comment and include an explanation in manuscript.

Reply: Thank you for your valuable suggestions. The PCI scoring was performed on laparoscopy and laparotomy and was consistent between both surgeries (a PCI of 4).

The following has been added:

On page 4

At the end of the case, a peritoneal cancer index (PCI) of 4 was noted.

On page 8

In addition, sarcomatoid and biphasic are histological subtypes have an aggressive infiltrative growth pattern leading to a potentially rapid disease progression. This in turn may impact the PCI from the time of the initial diagnostic laparoscopy. Despite the advantages of performing a diagnostic laparoscopy and its relative low complication rate technical limitations exist in the form of incomplete visualization of mesenteric, retro-hepatic, retro-splenic, and retroperitoneal peritoneum impacting PCI assessment.

Changes in the text:

Added to page 4, lines 139 and 140.

Also page 8, lines 287 to 293 as track changes with reference #10 (previously used reference in the text) and new added reference as now #31

2. Please comment in the Discussion, in a sub section of your choosing, on the necessity of timely referral to CRS-HIPEC in this patient population. In the last year there was an analysis

in the Journal of Gastrointestinal Surgery that quantified the impact of delayed CRS-HIPEC on overall survival in patients with peritoneal mesothelioma, please include this study to support your arguments in the Discussion. This would work nicely with Helm et al. which you have cited here as they describe as many as 60% of eligible patients failing to receive timely referral, or CRS-HIPEC at all, in the United States.

Reply: We have added the following to the text: Timing is of the essence when it comes to referral for CRS-HIPEC eligible patients. The highest average life expectancy after initial diagnosis for patients eligible for CRS-HIPEC who received surgery, had delayed surgery, and who did not receive surgery were 5.24, 4.80, and 2.11-years overall survival respectively.

Changes in the text: Page 8, lines 284-287 as track changes. And as reference #30 page 13, lines 470-472.

3. Reference #28 looks like a typo, please clarify

Reply: Apologize for the typo, Reference is now #29 has been corrected.

Changes in the text: Page 13, lines 467-469 as track changes and in the color red