

## Peer Review File

Article information: <http://dx.doi.org/10.21037/tcr-20-2690>.

### Reviewer A:

1 - In your Cohort study description on line 23, please add the period of time in which all surgeries were performed.

The period of time was “between May 2014 and December 2019”, and we have added it in the Cohort study description on line 23.

2 - I would like you to comment why did the surgeons choose one route over the other at the time of surgery?

For a small number of patients with a history of pelvic surgery or severe obesity, we gave priority to VEIL-L; for other patients, the surgeon chose the procedure according to his experience and habits.

### Reviewer B:

1 - I suggest to the authors to explain how they plan to reconcile the veil technique with the sentinel lymph node method. In fact, this minimally invasive technique has application criteria at least in part overlapping with the cases enrolled in the case series reported.

Sentinel lymph node method is recommended for early vulvar cancer, and is being used more and more. When the sentinel lymph node on the same side is negative, no other lymph nodes need to be removed; considering that there may be false negatives, VEIL can also be considered for patients with high suspicion of lymph node metastasis. when the sentinel lymph node is positive, VEIL is performed. The outcomes of these early vulvar cancer patients treated with VEIL can be compared with those of sentinel lymph node method in the future.

2 - Did the authors choose not to perform the sentinel lymph node intraoperative search even in the cases provided by the current guidelines or did they only include cases outside these criteria?

In our hospital, VEIL was performed on patients before 2018, and sentinel lymphadenectomy was gradually used in patients with cervical cancer and endometrial cancer after 2018, which has not been implemented in patients with vulvar cancer.

3 - It would be useful to insert a table that specifies the characteristics of the enrolled cases with more details.

We have added a suppl. Table 1 that specifies the characteristics of each case in our center.

4 - How the Author preoperatively evaluate the ‘clinical’ stage of disease prior to enroll the patients to this endoscopic technique?

This is a retrospective study, FIGO stage was evaluated during surgery. We have corrected the inappropriate expression in the last sentence of the first paragraph of Discussion (delete “stage,” ).

5 - Moreover, I suggest to substitute the term laparoscopic with endoscopic. In fact this

technique is not applied in the abdomen.

We have substituted the term laparoscopic with endoscopic in the text.

6 - it could be relevant to cite:

Discussion page 8 line 4 - doi: 10.1016/j.ejso.2017.06.018

Introduction page 2 line 16 - doi: 10.1007/s00432-020-03226-6

We have added the two references.