

## Peer Review File

Article information: <https://dx.doi.org/10.21037/tcr-21-412>

### Review Comments

Comment 1:

In the methods section and in figure 1 the authors described how they selected articles for their analysis. Meeting abstracts, editorial material, letters etc. were excluded. But how did they handle case-reports? This type of communication is quite popular in clinical research but is usually of low quality. Were case reports included? And what was the case with guide-line reports? Usually, guide-line reports yield a high number of citations but they do not report new data. Were guide-lines if published in journals, included? For example, the Krege-guide-line reports on the European Consensus conference (Krege, S, Eur. Urol. 2008) received an exceptionally high number of citations.

Reply 1:

Thank you for your valuable comments and we have similar questions with reviewers when identifying literature types. And when we searched the WoSCC database, we found out the Science Citation Index-Expanded of the Web of Science Core Collection (WoSCC) is a widely accepted authoritative database. According to the WoSCC website (<https://apps.webofknowledge.com/>), the main types of documents include: article, review, meeting abstract, early access,

Document Types   Refine   Exclude   Cancel   Sort these by: Record Count ▼

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<input type="checkbox"/> ARTICLE (839)	<input type="checkbox"/> LETTER (45)	<input type="checkbox"/> BOOK CHAPTER (3)	<input type="checkbox"/> REPRINT (1)
<input type="checkbox"/> MEETING ABSTRACT (497)	<input type="checkbox"/> PROCEEDINGS PAPER (40)	<input type="checkbox"/> EARLY ACCESS (2)	<input type="checkbox"/> RETRACTED PUBLICATION (1)
<input type="checkbox"/> REVIEW (138)	<input type="checkbox"/> CORRECTION (15)	<input type="checkbox"/> NEWS ITEM (2)	<input type="checkbox"/> RETRACTION (1)
<input type="checkbox"/> EDITORIAL MATERIAL (100)			

editorial material, news item, letter, book chapter, proceedings paper and reprint. However, WoSCC did not regard case reports as a specific type of documents. Interestingly, we found that some “case reports” have been defined as “review” type and further included in our study. Furthermore, guide-line reports were included in our study. However, Krege-guide-line reports on the European Consensus conference did not get enough times cited to be in the top 10 most cited papers. Therefore, our study provides a comprehensive overview of TGCT research.

5.	<a href="#">European consensus conference on diagnosis and treatment of germ cell cancer: A report of the second meeting of the European Germ Cell Cancer Consensus Group (EGCCCG): Part I</a> By: Krege, Susanne; Beyer, Joerg; Souchon, Rainer; et al. EUROPEAN UROLOGY Volume: 53 Issue: 3 Pages: 478-496 Published: MAR 2008	Times Cited: 398 <i>(from Web of Science Core Collection)</i> Usage Count ▼
	Full Text from Publisher   View Abstract ▼	
6.	<a href="#">European consensus conference on diagnosis and treatment of germ cell cancer: A report of the second meeting of the European Germ Cell Cancer Consensus Group (EGCCCG): Part II</a> By: Krege, Susanne; Beyer, Joerg; Souchon, Rainer; et al. EUROPEAN UROLOGY Volume: 53 Issue: 3 Pages: 497-513 Published: MAR 2008	Times Cited: 97 <i>(from Web of Science Core Collection)</i> Usage Count ▼
	Full Text from Publisher   View Abstract ▼	

Comment 2:

Review articles usually receive a higher number of citations than original reports. Did the authors correct their citation counts for the type of article?

Another important issue would be duplicate and redundant publication. Did the authors search for duplicates or redundant papers? Particularly, the institution identified by the

authors to have the highest output of papers has obviously published many data in duplicate (particularly data on RPLND).

Reply 2:

We fully agree with your point that review articles usually receive a higher number of citations than original reports. Our study includes two types of papers: article and review. The review articles usually provided important reference value to researchers.

In almost all bibliometric analyses, article types are not corrected, for example:

Bibliometric Analysis of Neurology Articles Published in General Medicine Journals.

*JAMA Netw Open.* 2021 Apr 1;4(4):e215840. doi: 10.1001/jamanetworkopen.2021.5840. PMID: 33856477.

Poorly cited articles in peer-reviewed cardiovascular journals from 1997 to 2007: analysis of 5-year citation rates. *Circulation.* 2015;131(20):1755-1762. doi:10.1161/CIRCULATIONAHA.114.015080

And we think it is not necessary to correct the influence of literature type on the number of citations.

We fully agree with your suggestion that inclusion of bibliometric analysis for repeated studies is not allowed. We have excluded duplicates and redundant papers in advanced research module via WoSCC database.

Comment 3:

What remains unclear to the reader is the way how multi-authors papers were rated.

Did each of the members of the author panel receive a count for publication? Was there

a gradient for first authorship, last authorship and just co- authorship?

The same question applies to citation counts. Most of the influential papers on TGCT are published by a consortium of authors, frequently from several countries. How did the authors evaluate citation counts of multi-author international papers? Did they apply a weighted rating for first authorship, second authorship, etc.?

Reply 3:

Thank you for giving me the opportunity to explain the problems. The Science Citation Index-Expanded of the Web of Science Core Collection (WoSCC) is a widely accepted authoritative database. WoSCC Database was most commonly used in bibliometric analysis. The number of papers published by the authors and the number of citation are generated automatically WoSCC the database. We download these results from the WoSCC database and draw tables. By studying WoSCC database and the literature, we found that each of the members of the author panel receive a count for publication and there is no a gradient or a weighted rating for authorships. The data sources for this study have been described in the “Materials and methods” section.

Comment 4:

Minor points relating to the text

Abstract, methods section, line 39: “All relevant literature on TGCT.”

Comment: the phrase “relevant” is too general. Specify what types of papers were included.

Abstract, results section: provide data! Stating the dominant position of the US and the

Indiana University is too general. Provide data, eg. publication counts or citation counts.

Abstract conclusion: line 58: “men infertility”; better say: male infertility.

Reply 4:

We very much agree with you and have revised it to according to your advice:

All literature defined as review and article type on TGCT published between 2000 and 2020 was retrieved from the Web of Science Core Collection database. (Abstract, methods section, Line38)

The dominant position of the United States in global TGCT research with 1,549 publications...

Indiana University was the most productive institution and a leader in research collaboration with 360 publications...

(Abstract, results section, Line48, Line52)

“men infertility” to “male infertility”

(Abstract, conclusion, Line59)

Comment 5:

Introduction, line 70: “TGCT was first described by Niels E. Skakkebaek in 1972...”

This is a complete misapprehension! Skakkebaek was the first to describe Germ cell neoplasia in situ (so-called carcinoma in situ of the testis). Testicular cancer itself had been known since more than 250 years. This sentence must be corrected.

Introduction, line 83 “few bibliometric studies have been performed in the field of TGCT research”. In fact, the reviewer is aware of none. You could here include the

Nason paper that lists the most-cited papers in urology (Nason GJ, Can Urol Ass J 2013), one or two of them relate to testis cancer.

Reply 5:

Thank you for giving me the opportunity to correct our mistakes. We have deleted this paragraph.

We have cited the Nason paper and added description according to your suggestion: In 2013, Nason GJ described the top 100 cited articles in urology and analyzed the key topics and advances in urology. (Line 86-88)

Comment 6:

Material, methods section, line 102: “Non-English, non-article, and non-review publications were excluded”. This sentence is confusing. What do you mean by “non-article” and how were non-review publications defined? Please specify!

Line 255: including 263 literature in 2020”. Better say “manuscripts” or “papers”.

Reply 6:

We fully agree with you and have revised it according to your advice:

Non-English language publications were excluded. Only articles and review types of publications were included in the study. (Line 109-110)

“including 263 literature in 2020” change to “including 263 papers in 2020”. (Line 263)

Comment 7:

Discussion, line 261: “The number of publications in a research field is an important

indicator for evaluating the scientific research level of a country or institution”.

Comment: while this statement is not wrong it probably involves only one part of the whole truth. The quality of the papers published must be accounted for and the type of articles (original or review) as well as the citation count. So, the number of publications is no more than a very raw surrogate marker for the quality of performance of a nation or an institution. This should be made clear in this paragraph.

Reply 7:

Thank you for giving me the opportunity to explain the problems. In our study, we identified the top 10 most productive country or institution according to the number of publications. And we also identified total number of citations, average number of citations, total number of first author, total number of first author citations, average number of first author citations to evaluate the impact among institutions and authors in TGCT research (Table 2 and Table 5). In addition, we added relevant description in this paragraph (Line 271-274).

Comment 8:

Discussion, line 319: “TGCT patients have a poor quality of life”.

Comment: This is not true. The majority of patients do not have impaired quality of life subsequent to treatment for TGCT. Most of the studies exploring quality of life issues show that patients retain their preoperative level after one or two years except for those undergoing extensive chemotherapy regimens for advanced disease.

Reply 8:

Thank you for giving me the opportunity to correct our mistakes. We have deleted this sentence (Line324).

Comment 9:

Discussion, line 311: “and high risk of fertility due to ...”. You probably mean “infertility”(?)

Discussion line 317-318: “... which are either embryonal carcinoma, or yolk sac choriocarcinoma”

Comment: There is no “yolk sac choriocarcinoma”. If you want to specify the histologic subtypes of nonseminoma, you should say embryonal carcinoma, yolk sac tumor, choriocarcinoma and teratoma. (there are four distinct subtypes).

Reply 9:

Thank you for your kind reminder. We have corrected the wrong “fertility” to “infertility”. (Line322)

Thank you for your kind reminder. We have corrected the wrong “yolk sac choriocarcinoma” to “yolk sac tumor”. (Line329)