

Peer Review File

Article information: <https://dx.doi.org/10.21037/tcr-22-226>

Reviewer Comments

Comment 1: I suggest checking the text in terms of grammar and lexis. The text uses a number of phrases, the meaning of which is not clear to me, for example, "technically sensitive" or "endoscopic parotidectomy is immature"

Reply 1: Thank you for your suggestion to improve the readability of our manuscript. We thoroughly checked and corrected the text in terms of grammar and lexis in the revised version of our manuscript. In addition, we clarified all ambiguous phrases.

Changes in the text: We have modified our text as advised (see Page 1, Abstract section and Page 2, the second paragraph of Introduction section).

Comment 2: "we developed a new "plus incision" to expand the indication for endoscope-assisted parotidectomy" – What is the result of this work? Where can you get acquainted with it? Because this publication only describes the technical side of this method.

Reply 2: Thank you for your comment. The result of our technique is the same of the other endoscopic technique, as our technique just has modifications that improve the intraoperative achievement and make the technique easier. The results of our work is technical more than clinical. We explained these advantages in step 6, which is marked in yellow. "Plus incision" has two main functions: reduce the influence of chopstick effect and aid in pulling, pushing or lifting tissue, so that the surgical indication can be expanded to include the tumors in the accessory parotid gland or the deep lobe of parotid gland. for more clarification of our procedure, we firstly describe "current endoscope-assisted parotidectomy is only appropriate for benign and low-grade malignant tumors located in the tail of the parotid gland". We summarize previous literature experiences and do the clinical exploration. This part is described in Introduction section. And then, we find as the depth of the operation increases, tissue traction becomes more difficult and space becomes more limited. Chopstick effect between instruments makes surgery extremely difficult. Pulling tissue is equally difficult. This part is described in Discussion section. Finally, we develop the "plus incision" on the basis of hairline incision. When the instrument aid in operating from another angle, the problem we mentioned above are solved.

Changes in the text: None.

Comment 3: "Each patient made choices voluntarily and signed the informed consent forms after knowing about the procedures' benefits and drawbacks" – is it about

consent to surgery or the use of patient data in the study? The "Materials and Methods" section is omitted from the publication, and it is unclear how many of these patients were. What were the criteria for qualifying patients for endoscope-assisted parotidectomy due to the technical limitations of this type of surgery?

Reply 3: Thank you for reminding us how important the consent form is. The consent form addresses both surgical consent and the use of patient data. We explained to each patient that we would use a new technique to perform the endoscope-assisted parotidectomy and would need to take photos. Inclusion and exclusion criteria have been added to the new version of our manuscript. Contrast-enhanced CT and color Doppler ultrasound are used to evaluate the degree of the malignancy of the tumor. Patient with benign and low-grade malignant tumor is included. And patient with high-grade malignant and recurrent tumor is excluded. This method has been used 2 years ago and approximately 20 undergone endoscope-assisted parotidectomy.

Changes in the text: We have modified our text as advised (see Page 3, the paragraph above Step1 section).

Comment 4: Conclusions in "Abstract" are more emphatic than in the text of the publication. I believe that the authors cannot draw such conclusions on the basis of the description of the research methodology, since the article lacks data to compare the effects of conventional treatment with the group of patients treated with endoscope-assisted parotidectomy.

Reply 4: We totally agree with you on this point. In new revised manuscript, we change the conclusions in "Abstract" as follows: Given the growing interest in the aesthetic process of the parotid region, the seven-step method may have the potential to be a method for teaching gasless endoscopic parotidectomy.

Changes in the text: We have modified our text as advised (see Page 1, Abstract section).