Peer Review File

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Reviewer A

Great cohort study controlled with historical data of the utility of END for local control. Stats are robust and tests for difference appropriate. Well written publication merits selection.

Reviewer B

Thank you for submitting the article. This is a retrospective study of the database of a tertiary referral center regarding utility of elective neck dissection in early oral cancers.

In Treatment trends:

I would suggest including the rationale for adjuvant radiotherapy and, if available, what dose was given.

Reply 1: Rationale for adjuvant radiotherapy is based on high-risk features found on histopathological assessment as discussed at multidisciplinary team meeting review, these high risk features have evolved over time but have included parameters such as margin status, PNI or presence of nodal metastases. Dose of radiotherapy treatment has not been consistently recorded over the course of the database, so we have not included this.

Changes in text: We have modified our text to include a brief description of the considerations in administering adjuvant radiotherapy. Page 5, Line 16

This needs to be re-written as it is difficult to follow. I'm assuming the 35 patients who had a regional recurrence corresponds to those who had an END?

'Of the patients with END, 27 (14.8%) required salvage surgery and 8 (4.4%) required both salvage surgery and radiotherapy. Of the patients managed with observation, 49 (25.3%) required salvage surgery and 23 (11.9%) required both salvage surgery and radiotherapy. Of the 35 patients who had a regional recurrence, 28 (80.0%) underwent salvage surgery and 20 (57.1%) received both salvage surgery and radiotherapy.'

Comment: The first two sentences in this paragraph serve to compare the subsequent treatment required for END vs Observation groups. The subsequent treatment for Regional recurrence serves to feed the discussion point in page 7 line 16 onwards. To reduce the confusion in this paragraph we have separated it into separate paragraphs. The 35 patients with regional recurrence does not directly correspond to those who had END.

Changes in text: Page 6, line 3 and 6: changed to two separate paragraphs.

Editorial Comments

1. Page 4 "<u>from 1987 to March 2019</u>", please give the exact year, month, and day of the start and end times.

Comment: we have modified the text as advised Changes in text: See page 4, Line 4

2. Please recheck the data in Table 1, the sum of patients in the local recurrence, regional recurrence, and distant recurrence is not 95. In addition, we found that the description of the data on page 5 ("A total of 90 instances of recurrence were identified, accounting for 23.9% of the cohort") of the manuscript is inconsistent with Table 1. Please recheck the full text, figures, and tables to ensure that all data are accurate and consistent.

Comment: We have reviewed the data and corrected the inconsistencies Changes in text: Page 5 lines 23,24 and Table 1, Local and Distant Recurrence lines

3. We suggest that the authors further optimize Figure 1 and Figure 2 in the manuscript, just for your reference, setting the beginning and end of the vertical axis to 0.6-1.0, so that the data occupy more space in the figure.

Comment: We have modified the figures as recommended Changes in text: see figures on page 13 and 14

4. Please kindly revise the form of the P-value in the report according to our latest criteria below (note: Revisions are needed for full text):

If P<0.001, please report "P<0.001";

If $0.001 \le P < 0.01$, please report the specific P-value to 3 decimal places, e.g., "P=0.001", "P=0.009"; If P ≥ 0.01 , please report the specific P-value to 2 decimal places, e.g., "P=0.01", "P=0.06", "P=0.10", "P=0.90";

If P>0.99, report "P>0.99".

Do not round P-values, do not report 'not significant' simply because the data is greater than an arbitrary value, and do not report only vague bounds such as P<0.05.

Comment: we have amended the included P-values to conform with the criteria

Changes in text: Page 5, line 15, 21, 28, 30. Page 6, line 1, 8, 9, 11, 12, 14, 16.