

Peer Review File

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Reviewer A

I commend the authors on the extensive narrative review, providing a clear overview of the surgical management of PDAC and its related complications and consequences. This manuscript was well-written.

I have some comments which should be addressed:

Comment 1:

1. I feel like the paper is focusing on complications of different surgical techniques rather than reporting the oncological outcomes of those studies. Of course, I understand and agree with the authors that postoperative complications are indirectly associated with poor oncological outcomes, making it necessary to examine and describe them, but I would like to see more of the reported oncological essentials and data of the oncological studies. For example, nothing is described about R0/R1 resection rates in different surgical techniques, or the RAMPS procedure for PDAC, while these are essential aspects in the surgical management for PDAC.

Reply 1: We include R0/R1 or oncologic results and lymph node resection rates in several sections of the review, including Minimally Invasive vs. Open Pancreatectomy (187-189, 194), Lymph Node Dissection, Classic Whipple vs. Pylorus-Preserving Pancreatoduodenectomy (251), Vascular Reconstruction (344-345)

Changes in the text:

Page 5- Radical Antegrade Modular Pancreato-splenectomy (RAMPS) is a more contemporary variation of distal pancreatectomy, which aims to achieve increased lymph node yield and to maximize the chance for negative margins in left-sided pancreatectomies^{i,ii,iii}.

Page 10- RAMPS is a promising technique, offering an N1 lymphadenectomy that includes the celiac lymph nodes and the nodes along the anterior and left side of the superior mesenteric artery^{i,ii}.

Comment 2:

2. Line 108: change 'patients post-pancreatoduodenectomy' in 'post-pancreatoduodenectomy patients'.

Reply 2: We made this edit as requested

Changes in the text: 'of post-pancreatoduodenectomy patients' (page 5)

Comment 3: I wonder to what extent this is innovative to other reviews of surgical techniques and its complications, and what it differs from series in non-PDAC patients. According to the authors, what does this add to the literature?

Reply 3: This paper offers a comprehensive and contemporary review of surgical techniques and might serve as a useful guide to younger faculty (residents and junior attendings)

ⁱ Strasberg SM, Drebin JA, Linehan D. Radical antegrade modular pancreatectomy. *Surgery*. 2003 May;133(5):521-7. doi: 10.1067/msy.2003.146. PMID: 12773980.

ⁱⁱ Grossman, J.G., Strasberg, S.M. (2017). Radical Antegrade Modular Pancreato-splenectomy (RAMPS). In: Kim, SW., Yamaue, H. (eds) *Pancreatic Cancer*. Springer, Berlin, Heidelberg. https://doi.org/10.1007/978-3-662-47181-4_25

ⁱⁱⁱ Trottman P, Swett K, Shen P, Sirintrapun J. Comparison of standard distal pancreatectomy and splenectomy with radical antegrade modular pancreatectomy. *Am Surg*. 2014 Mar;80(3):295-300. PMID: 24666872; PMCID: PMC4118282.

Reviewer B

1. Where Pedrazzoli et al. and Ke et al. are used, references are needed. **FIXED**

2. The inclusion criteria of the study are slightly different in the Table/Main Text/Abstract. Please unify. **FIXED**

3. "A 2018 meta-analysis reported metastatic disease in 14-38% of patients initially staged as resectable by imaging and in 36% of patients with locally advanced tumors⁵⁶."

Please check the published year of Ref 56 and be consistent with the bibliography. **FIXED**