

## Peer Review File

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### Reviewer A

It is a comprehensive review of the current options for reconstruction of complicated abdominal vein resections. Overall, it is well organized and no major comments are made.

However, since many different options are presented, I thought it would have been easier to understand if the advantages and disadvantages of each were more clearly described. Another idea might be to summarize the grafts and materials for reconstruction in a table.

**Reply:** We appreciate your helpful comments. We added a new table that summarized the grafts and materials for reconstruction. Please see an attached file, "TGH-23-90\_Table 2".

### Reviewer B

1. The Background and Objective cannot only contain objective in the Abstract. Please provide more background information.

We added sentence at the beginning of the Abstract as follows: "As tumors invade major abdominal veins, surgical procedures are transformed from simple and basic to complicated and challenging."

2. It is suggested to cite some references in the **Introduction** to support your points.

We cited 10 references in the Introduction. Please see the Introduction.

3. Please check if the corresponding reference should be cited since you mentioned the author's name:

- Oba and colleagues suggested that a 20-mm SMV/PV resection could be performed with direct end-to-end anastomosis.
- Del Chiaro and colleagues similarly reported SMV/PV reconstruction with a Cattell-Braasch maneuver without liver mobilization in a larger (n = 144) cohort.
- Fogliati and colleagues reported long-term patency outcomes of left renal vein grafts for SMV/PV reconstruction (n = 65).
- Benkirane and colleagues performed IVC replacement for suspicion of IVC wall invasion (n=26).
- Kiritani and colleagues also found that CD31-positive endothelial cells covered the luminal surface of the silk fibroin vascular graft walls at 4 weeks after replacement of the rat IVC.

- Oba and colleagues, (33) is added
- Del Chiaro and colleagues, (40) is added but (39) deleted (misposition).
- Fogliati and colleagues, (62) is added
- Benkirane and colleagues, (90) is added
- Kiritani and colleagues, (81) is added

4. “Hatakeyama” is the author of ref. 13, but not ref. 14. Please modify the sentence.

4 Mayo Clinic renal cell carcinoma tumor thrombus classification system, based on reports

5 by Hatakeyama and colleagues (13, 14), divides tumor thrombi into 4 categories ranging

We changed it to “by Hatakeyama, Neves and colleagues (4, 21)”. Please check it.

5. The author’s name is inconsistent with the corresponding reference, please check and revise.

- Voit and colleagues reported 2 cases of partial IVC reconstruction with a cryopreserved homologous aorta following resection for malignancy (73).

We changed it to “(74)”.