

To. Reveiwer.

Sincerely appreciate to review this study.

We carefully reviewed this paper and revised as below.

1. We compared the number of LN sampling between MIS and open approach in subgroup (proximal prancreas resection and distal pancreas resection group).

In subgroup analysis, there are no significant difference between MIS and open group in this study.

(page8, page9, table 2, table3)

The table below shows that nodal harvest and the number of positive lymph node in subgroup analysis. And we added that there was no significant difference of the extent of lymph node resection between Open and MIS group in discussion. (page10)

Supplementary table 1.

Proximal pancreas resection. – MIS vs OPEN LN number of retrieval

MIS_vs_open	MIS (N=22)	OPEN (N=15)	p
Number_LN_resection Median(range)	7.5 [5.0;12.0]	6.0 [2.5;12.5]	0.804
Number_LN_positive			
- 0	20 (90.9%)	13 (86.7%)	0.539
- 1	1 (4.5%)	0 (0.0%)	
- 2	0 (0.0%)	1 (6.7%)	
- 3	0 (0.0%)	1 (6.7%)	
- 5	1 (4.5%)	0 (0.0%)	
N_stage			
- 0	20 (90.9%)	13 (86.7%)	1.000
- 1	2 (9.1%)	2 (13.3%)	

Supplementary table 2.

Distal pancreas resection- MIS vs OPEN LN number Of retrieval

MIS_vs_open	MIS	OPEN	p
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	(N=12)	(N=39)	
Number_LN_resection Median(range)	0.0 [0.0; 5.5]	1.0 [0.0; 3.5]	0.767
Number_LN_positive			
- 0	10 (83.3%)	37 (97.4%)	0.277
- 1	2 (16.7%)	0 (0.0%)	
- 4	0 (0.0%)	1 (2.6%)	
N_stage			
- 0	9 (75.0%)	38 (97.4%)	0.056
- 1	3 (25.0%)	1 (2.6%)	

- Figure 1 and Figure 2 are inconsistent with the Figure legends. (Page20 and page 21), the figures are changed to consistent with the figure legends.
- Delayed gastric emptying (DGE) is defined by "ISGPS". And "ISPGF" in table1,2,3 is revised as "ISGPF". These wrong expressions of the abbreviations were revised throughout the paper (table1, table2, table3).

Thank you for careful reviewing this study.

Your sincerely.

Juwan kim.