

## RESPONSES TO REVIEWERS' COMMENTS

Title: “Short-term Efficacy of Robotic and Laparoscopic Surgery for Huang's Three-step Maneuver for Spleen-preserving Splenic Hilar Lymphadenectomy for Advanced Upper Gastric Cancer: Results from a Propensity Score-Matched Study”

We are extremely grateful to the editor and the anonymous reviewer for their valuable comments and suggestions, which have helped improve the quality of our manuscript. We studied the reviewers' comments and made the corresponding modifications and corrections, which we hope will be met with your approval. We revised the manuscript according to your respected advice and the referee's detailed suggestions. Our descriptions of the revisions are provided below.

Review 1 (Number ID: 03478635)

**Conclusion:** Minor revision

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

Reviewer's comments to authors:

This article describes about the short-term efficacy of robotic and laparoscopic surgery for Huang's Three-step Maneuver Spleen-preserving Splenic Hilar lymphadenectomy for advanced upper gastric cancer. Some revision may be needed in introduction and the text, since some part of the manuscript is not shown appropriately. Table 4 may be revised to clearly show the difference between the first step and the second step.

**The authors' answer:**

According to your comments, we have revised the Introduction and Discussion of sections of the manuscript so that the readers can better comprehend our study. We also compared the first and second steps of Huang's three-step maneuver (Table 4) and modified the original Table 4 to eTable 1. All changes in the manuscript are indicated by red font.

Table 4 Comparison of the difference between the first and second steps among RSPSHL patients

Variable	First step time (min)*	Second step time (min)*	P-value
<b>Total RSPSHL (n=35)</b>	8.4±3.5	6.7±2.6	<b>0.024</b>
<b>EG (n=20)</b>	10.0±3.4	7.5±2.6	<b>0.013</b>
<b>LG (n=15)</b>	6.3±2.3	5.8±2.2	<b>0.548</b>

\* Values are mean  $\pm$  SD

**eTable 1 Comparison of the Early Group vs the Late Group: Operative and Postoperative Outcomes**

Variable	EG (n=20)	LG (n=15)	P-value
<b>OR time, min*</b>	195.4±28.7	173.5±40.3	0.070
<b>EBL, ml*</b>	14.5±5.2	12.6±4.4	0.262
<b>SHDT, min*</b>	22.8±3.5	17.2±3.9	<b>&lt;0.001</b>
first step, min*	10.0±3.4	6.3±2.3	<b>0.010</b>
second step, min*	7.5±2.6	5.8±2.2	<b>0.046</b>
third step, min*	5.2±1.2	5.2±2.9	0.915
<b>SHBL, ml*</b>	2.4±1.9	1.9±2.6	0.505
<b>No.10 retrieved LN*</b>	2.8±0.6	3.3±1.8	0.253
<b>Total retrieved LNs*</b>	35.6±10.9	40.8±15.3	0.248
<b>Complications</b>	4(20%)	1(6.7%)	0.530
<b>30-day mortality</b>	0(0%)	0(0%)	

<b>In-hospital mortality</b>	0(0%)	0(0%)	
<b>R0 negative margin</b>	20(100%)	15(100%)	
<b>LOS, day<sup>a</sup></b>	11.5(9.3-18)	9(8-10)	<b>0.034</b>

OR: operation time, EBL: estimated blood loss, SHDT: splenic hilar dissection time, SHBL: splenic hilar blood loss, LOS: length of stay

\* Values are mean  $\pm$  SD

<sup>a</sup> Values are median (IQR)

Review 2 (Number ID: 02573214)

**Conclusion:** Accept (General priority)

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

Reviewer's comments to authors:

In this manuscript the authors reported the the short-term efficacy of robotic spleen-preserving splenic hilar lymphadenectomy (RSPSHL) vs laparoscopic spleen-preserving splenic hilar lymphadenectomy (LSPSHL) for advanced gastric cancer (GC). The results reported underline that there are no important differences between the two methods and that robotic surgery has a significantly higher cost. The initial results are interesting and indicate that, at the present time, laparoscopic surgery is the one of choice (results almost comparable at lower cost).

To the Editor

In order to ensure the language quality, we send the manuscript to the AJE company for English polish again. All changes in the manuscript are indicated by red font. According to journal's requests, we have revised these figures in the manuscripts, including Fig.1, Fig.2 and Supplementary Fig. 2A and 2B.