Peer Review File

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**Reviewer A**

This is a good technical review for the different reported techniques, but it lacks a systematic report of functional and oncologic results.

REPLY 1: As reported in lines 395 to 420, there is a deficiency of unison series for reasoned systematic comparisons. being then suggested for further publications and use of minimally invasive techniques.

There is no clear description in the methodology of how the search of publications has been made and it lacks some important references.

REPLY 2: The methodology has been reformulated.

I miss some tables where results of surgery (number of lymph-nodes etc), complications and follow-up are shown for an easier global view for the reader.

Reply: The results are succinct in the body of the text

REPLY 3: The results are succinct in the body of the text.

Quality of some pictures are not good for publication.

REPLY 4: Figures are from real surgery videos, and it has a description with surgical reachability.

**Reviewer B**

Thank you very much for allowing me to review your work. The article makes an adequate review of the MINIMALLY INVASIVE INGUINAL LYMPHADENECTOMY IN PATIENTS WITH PENILE CANCER. It is an adequate review from the point of view of routine clinical practice.

**Editorial Comments**

Abstract

1. Requires a brief background introduction of SCC in the abstract. Please provide more details about similar oncology outcomes, such as overall survival or disease-specific survival.

REPLY: SCC has been presented in the abstract. The details of oncological outcomes have been added.

Introduction

2. We suggest the authors could begin their introduction with the incidence of metastasis of SCC and the outcome of the disease after metastasizing. This may help readers understand the importance of surgical treatment of SCC.

REPLY: These topics are now enphatized.

3. Given that there are some similar reviews in this field (PMID: 35116430, 32855056, 34895995, 35136290), please highlight the novelty of this review in the introduction. What does this review add to existing knowledge? How does this review differ from previous reviews?

REPLY: Thanks for the comment. It has been done.

4. Lines 159-160 “For successful outcomes, it is critical to understand the endoscopic anatomy when performing this surgery.” Why it is critical to understand the endoscopic anatomy when performing this surgery? What are the unfavorable results? Please give a more detailed account.

REPLY: The consequences were presents in the text.

5. We hope authors use a formulation such as “Our objective is……/ We aim to……” in the Introduction to clarify the research objectives.

REPLY: Those phrases were used to clarify the text.

6. Please use a structured introduction to increase readability: 1) Background, 2) Rationale and knowledge gap, and 3) Objective.

REPLY: The structure was adaptable for the text.

Main body

7. Can the authors provide a picture of regional lymph node anatomy to better represent the content of the article? Especially in the Anatomic background and Endoscopic anatomy of inguinal region sections. I think this could help a lot, especially for those younger surgeons.

REPLY: The figures like 2,3,5, 13, 25, 28 and 35 are showing the regional lymph node manipulating.

8. An independent table to present the patient characteristics (e.g., H-VEIL is suitable for PISA patients), benefits and disadvantages, crucial intraoperative considerations, related complications, and postoperative recurrence and survival rates for ILND, conventional VEIL, L-VEIL, H-VEIL, and R-VEIL surgical techniques is highly recommended.

REPLY: A table has been added.

9. Though it is a review, a separate section on the STRENGTHS and LIMITATIONS of this review is highly recommended. We think this could promote a more intellectual interpretation.

REPLY: It’s added.

Other concerns

10. Some points lack evidentiary support. The corresponding references should be cited. For example,

Lines 144-145 “The NCCN recommends … high-risk tumors (T2 and T3).”

Lines 157-158 “Endoscopic inguinal surgery … levels of negative outcomes.”

Lines 403-404 “The reported 5-year survival … rate of roughly 75%.”

Lines 404-405 “The 5-year survival rate … approximate average of 60%.”

Please recheck the full text to ensure all the statement is evidence-based (not just the above).

REPLY: It’s has been added

11. After the abstract, the first time an acronym occurs is given a full name, and the subsequent are provided only with the acronym. E.g., line 255 “an inguinal LND” needs to change to “ILND”.

REPLY: It’s has been corrected

12. Line 414 “instant lymph node dissection (ILND)”, Line 418 “inguinal lymph node dissection (ILND)” and Line 425 “inter-level node dissection (ILND)”, different abbreviations should be used if the full names are inconsistent.

REPLY: It’s has been corrected

13. Too many abbreviations increase readers' reading load, slow down reading, and make comprehension more difficult. Kindly eliminate any superfluous abbreviations, e.g., EAU, G1T1, G2T1, G1-3T2-3, and OS, etc.

REPLY: It’s has been eliminated.

14. Please disclose conflicts of interest with manufacturers (line 235 and line 289) mentioned in the manuscript.

REPLY: It has been descripted in the secction