

## Peer Review File

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### Review A

This is one person's helpful suggestions for the creation of an end to side esophagogastric anastomosis. It lacks data and results. No literature review or alternate methods are discussed. It is a limited "how I do it".

#### Reply:

Thank you. This article was originally an invited article of how I do it. The meticulous and detailed lay out of each steps and what to look for are demonstrated in the video and explained in the paper. The results were published before and the leak rate remained low at 5%, and a mortality less than 0.5%.

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### Reviewer B

I read with the great interest the article. It is well written and the video is excellent.

I have only few comments:

- 1) Do not use « I » or « My » in the introduction.
- 2) Where do you apply the first fire stapling of the endoGIA stapler? 2 cm above pylorus?
- 3) Do you use Indocyanine green to check the viability of the gastric tube?

#### Reply:

Thank you. This article was an invited article of how I do it and hence the wording. We have made the changes. The first firing of the linear EndoGIA stapler is at the "Crow's foot" where the vessels on the lesser curve look exactly like that. This leaves a gastric antral reservoir with the gastric conduit. We never use indocyanine green to look for viability of the conduit because there is no good evidence for it. We do look for the pink healthy mucosa of the gastric conduit, under a good light, and we look for bleeding at the edges of the opened tip of the conduit.

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### Reviewer C

The authors explain in a very detailed manner their highly standardized UPMC EG anastomosis based on a surgical video. The video itself is nice. The manuscript is more a protocol of their technique.

Technical remark: I do wonder why the purse string suture is placed after the anvil is inserted. I always do it before I place the anvil.

I recommend better highlighting this as a " how i do it video article" in the title and abstract. I recommend following the structured abstract guidelines and subdividing it into 4 sections. I recommend the same for the main paper: Introduction, methods, results, conclusion.

The entire article is based on 2 (!) references, I would see potential here for major improvement. Even if the technique is well known and standardized with a low leakage rate, I would expect this technique to be presented in a broader context as a reader.

**Reply:**

Thank you. The reason we do that is because placing the purse string sutures before inserting the anvil can restrict the insertion if the lumen of the esophagus is narrow. This was an invited article and hence the given title. The title is now changed to "How I do it." Further references are also now added.

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**Reviewer D**

The authors describe in detail how to perform an end to side circular esophago gastrostomie after a minimal invasive esophageal resection, and a video of the procedure is provided. No results are described.

In order to strengthen the manuscript, I advise to describe more evidence in the introduction and more comparison and outcome of different types of anastomotic techniques.

**Reply:**

Thank you. The results of the EGA were already provided in the published references and this was stated in the paper. The comparisons of the different techniques were described and made.

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**Reviewer E**

Thank you this is nicely presented work

It is how I do it having learned from the doyen, it is descriptive but I think many surgeons will read and enjoy it.

**Reply:**

Thank you so much!

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**Reviewer F**

The Authors present a "How I do it-style" narrative technical paper, providing a detailed description of the execution of the end-to-side circular stapled anastomosis during Ivor-Lewis esophagectomy. The Center is well known for the quality of esophageal surgery. The article is entertaining and provides interesting tips and tricks for a delicate and challenging procedure.

The style is very colloquial, which is fine given the nature of the paper, however I would consider a general revision of the English writing. For example the present and the past tense are used interchangeably throughout the paper and this should be corrected to give coherence to the writing.

**Reply:**

Thank you and we have made the grammatical changes.

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**Reviewer G**

While it is an important topic, I suggest adding more structure and clearly outlining the goal and methodology of this study. Also, please ensure this manuscript is thoroughly edited for spelling and grammar prior to resubmission.

**Reply:**

Thank you. The reason this was written this way was it was originally an invited article of “how I do it.” We have corrected the grammatical errors.

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**Reviewer H**

This is written as a stepwise approach, in a "How I do it" fashion. It is accompanied by a video, and embedded in the manuscript are time stamps that allow the reader go to specific areas within the video to review the listed steps of the case.

It is a casually written editorial regarding steps of the surgery with the video. There is a large usage of the first person, and a times does lack a layer of professionalism. All in all no major issues and would be fine for publication.

**Reply:**

Thank you. The reason this was written this way was it was originally an invited article of “how I do it.” The grammatical errors and first person usage have been corrected.

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