

### **Description of the survey**

This is the third round of the Delphi Questionnaire for the Quality Assessment of Anastomosis and Lymphadenectomy in Laparoscopic Total Gastrectomy (The ANALYTIQS Study).

D2 Lymphadenectomy

\* 1. Name

\* 2. Institution

\* 3. Is the division of the gastrocolic ligament an important step of total gastrectomy and to facilitate lymphadenectomy?

Yes

No

\* 4. Is the identification of the left gastroepiploic vessels an important step toward station 4sb lymphadenectomy?

Yes

No

\* 5. Is the ligation of the left gastroepiploic artery and vein close to their origin important in station 4sb lymphadenectomy?

Yes

No

\* 6. Is the station 10 lymphadenectomy important for complete oncological dissection in patients with tumors of greater curvature at the level of the spleen?

Yes

No

\* 7. Can station 10 lymphadenectomy be omitted for tumors that are far away from the greater curvature of the stomach and the spleen?

Yes

No

\* 8. Can omentectomy be omitted for T1/T2 tumor stages?

Yes

No

\* 9. Should the frozen section always be performed if proximal margin resection is less than 6 cm and/or in case of doubt about tumor-free margins?

Yes

No

\* 10. Following neoadjuvant therapy, is an R0 resection oncologically acceptable irrespective of the resection distance from the margin?

Yes

No

\* 11. General aspects of the anastomosis: Should an assessment of the perfusion of the anastomosis be performed with fluorescence or hyperspectral imaging at the discretion of the surgeon?

Yes

No

\* 12. An intraoperative leak test may be performed at the discretion of the operating surgeon to rule out anastomotic leaks?

Yes

No