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| Submission Received+Original Paper (23 Juni 2020) | 2       |
| Comment Reviewer (17 Desember 2020)               | 3       |
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| Accepted for Publication (16 Februari 2021)       | 7       |
| Paper has been Published (3 Maret 2021)           | 9       |

**From:** Scientific Reports [srep@nature.com](mailto:srep@nature.com)  
**Subject:** Scientific Reports - Receipt of Manuscript "Initiating Epilepsy Surgery..."  
**Date:** 23 June 2020 15.30  
**To:** [thohar@fk.undip.ac.id](mailto:thohar@fk.undip.ac.id)

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Ref: Submission ID 2de12359-a726-4522-8909-d7e0540111c4

Dear Dr Thohar Arifin,

Thank you for submitting your manuscript to Scientific Reports.

Your manuscript is now at our initial Quality Check stage, where we look for adherence to the journal's submission guidelines, including any relevant editorial and publishing policies. If there are any points that need to be addressed prior to progressing we will send you a detailed email. Otherwise, your manuscript will proceed into peer review.

Please note you have submitted to a new peer review system which does not yet offer the ability to track your manuscript status.

Kind regards,

Peer Review Advisors  
Scientific Reports

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**Date:** 17 December 2020 17:50  
**To:** [thohar@fk.undip.ac.id](mailto:thohar@fk.undip.ac.id)

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Ref: Submission ID 2de12359-a726-4522-8909-d7e0540111c4

Dear Dr Thohar Arifin,

Re: "Initiating Epilepsy Surgery Program with Limited resources: Indonesian Experience"

We are pleased to let you know that your manuscript has now passed through the review stage and is ready for revision. Many manuscripts require a round of revisions, so this is a normal but important stage of the editorial process.

**Editorial Board Member comments**

Please address the issues raised by both reviewers. We would recommend having this submission professionally proofed for quality of language before next submitting. Thank you

**In-house Editor comments**

The English language in your text would benefit from improvement for clarity and readability. We recommend that you either ask a colleague whose native language is English to review your manuscript or that you use one of the many English language editing services available. Two such services are provided by our affiliates Nature Research Editing Service (<http://authorservices.springernature.com/language-editing/>) and American Journal Experts (<http://www.aje.com/>)

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Kind regards,

Samuel Brod  
Editorial Board Member  
Scientific Reports

**Reviewer Comments:**

**Reviewer 1**

This is an excellent manuscript describing the establishment of an epilepsy surgery program in Indonesia. The follow up is remarkable. The "Strategies to Overcome Problems in Center with Limited Resources" section is very helpful especially for other countries that may be interested in starting a program.

The main weakness is likely from the proficiency of the English language which should be easily addressed through revision.

**Reviewer 2**

Well written paper regarding the establishment and developing of a neurosurgical epilepsy Center in Indonesia.

Just some questions/comments to improve the quality of the manuscript:

1. One of the main differences between the two phases of the developing Center were the growing equipment in pre-operative assessment.

In phase one, with less pre-operative study, how was the correspondence between pre-operative and intraoperative findings? Was it possible to record an amelioration in foci identification and a better correspondence with intraoperative findings in the second phase with a better equipment?

2. How many patients underwent a PET study?

Did patients with post operative unsatisfactory Engel' s class receive a new PET?

3. How was the correspondence between epileptic outcome and intraoperative findings at the end of procedure?

**\*\*Our flexible approach during the COVID-19 pandemic\*\***

If you need more time at any stage of the peer-review process, please do let us know. While our systems will continue to remind you of the original timelines, we aim to be as flexible as possible during the current pandemic.

19<sup>th</sup> December 2020

Dear Reviewers,

We would like to thank you for your positive response towards our manuscript.

To Reviewer 1

Thank you very much for your response, we believe that every country has its unique situation and challenge to develop the epilepsy surgery program and we are happy to share our experience initiating this program in Indonesia. We apologize for the grammatical errors in our draft and have made sure it has been proofread by a native English speaker.

To Reviewer 2

Thank you very much for your response, we would like to address the comments.

1. In the 1<sup>st</sup> phase we selectively performed simple cases i.e. TLE cases with a suggestive EEG and MRI findings with the overall Engel class I rate 76.8%, compared to the 89.4% Engel class I rate in the 2<sup>nd</sup> phase during which we also introduced the use of video EEG to obtain a more detailed information of the epileptogenic zone location. We argue that improved facilities and increased experience in managing epilepsy cases has led into improved epilepsy surgery services as we started to schedule surgeries for more complex cases in the 2<sup>nd</sup> phase and the results have been satisfying so far, reaching 80% Engel Class I rate for extra-temporal lobe epilepsy cases.

We also performed intraoperative electrocorticography (based on Iida et al., 2005, <https://pubmed.ncbi.nlm.nih.gov/15660771/>) to define the epileptogenic area as in several cases the margins of the area were extending beyond the epileptogenic lesion which increased a better rate of outcome. In some cases where the epileptogenic area was suspected to lie in the eloquent areas we also performed awake craniotomy to avoid surgical complications such as postoperative hemiparesis.

2. The number of patients underwent additional preoperative PET-Scan was 41 patients (see Table 1), however we did not perform postoperative PET-Scan for patients with Engel Class III or IV.
3. We think that the surgical outcome has been satisfying for both phases. Regarding the intraoperative findings, we have presented the outcome based on the pathology of the epileptogenic lesion in Table 4, showing that the majority of lesion was mesial temporal sclerosis with 82.7% of cases achieved Engel class I outcome. The second most common pathology was cortical dysplasia in which we are in the middle of publishing our report since we found an interesting result of this group. However, since the epileptogenic lesions might differ in the size and location (i.e. some can be extensive such as hemispheric atrophy) it might be difficult to perform a statistical analysis to see if a particular pathology might significantly lead to a better outcome compared to the others.

Thank you very much for your response and time.

Yours sincerely,

Muhamad Thohar Arifin, MD, PhD

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**Date:** 16 February 2021 09.41  
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Ref: Submission ID 2de12359-a726-4522-8909-d7e0540111c4

Dear Dr Thohar Arifin,

Re: "Initiating an Epilepsy Surgery Program with Limited Resources in Indonesia"

We're delighted to let you know your manuscript has now been accepted for publication in Scientific Reports.

#### Editorial Board Member comments

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