Review 1: Minor revision

The authors provide a clearly written description of an important study. This manuscript will serve as a valuable reference citation as they publish the main findings from this study. I have only a few minor comments.

p 6-7. Data collection. What do the numbers in parenthesis indicate? 95% CI. 90% CI. Please specify.

p 7. Can the authors provide some guidance on the interpretation of the Bland Altman results? e.g., do these results indicate 'good', 'very good', or 'excellent' agreement?

p 8. Gynecologic oncology patients who received pelvic or para-aortic lymphadenectomy may often experience swelling in the hip. This area does not seem to be addressed in the self-administered questionnaire or in the objective measurements. Can the authors comment on why this area was not included in the evaluation or whether they feel existing assessments would capture swelling in this area?

p 9. It is not clear if BMI as a risk factor for LE was assessed at the time of surgery only or if changes in BMI over time were also measured.

p 9. It is not clear whether the treatment data abstracted was for the initial surgery only or if data for additional surgeries that occurred during the 24 month follow-up period were also abstracted. Similarly on Table 2, it would be helpful to know if any women with relapse had additional surgery, particularly additional lymph node removal.

p 10. Participants were referred to their general practitioner for concerns in between visits. Did the authors ask the participants who did see another provider for LE related symptoms whether that provider diagnosed the participant with lymphedema? My concern is that if a patient is diagnosed and treated for mild lymphedema in between visits to the study team, her LE (if well managed) might not be detected by BIS and circumference. Hence, this new diagnosis would not be included in the calculations of the incidence rate.

p 17. The authors note that AT LEAST 24 months of follow-up are needed based on the breast cancer literature. This prospective study follows women for AT MOST 24 months. Is that long enough? Is this duration of follow-up a potential limitation to be noted on P 13?

Tables 2/4. The detailed information on histological type takes up a lot of space in the tables and wasn't particularly informative to me. I suggest deleting it.
General comment. Were any of the women in the benign disease comparison group diagnosed and treated for gynecological cancer during the study period? If yes, how did the authors address this in the study design?

Reviewer 2: Declination

This paper presents the authors methods for designing a prospective longitudinal cohort study of patients with gynecological cancers followed up for lymphedema. Unfortunately, the manuscript has no real "data" (there’s no report of any sort of lymphedema outcomes even though they are mentioned in the methods). As a result, the paper is really just a description of the patient information. While this is exhaustive and clearly shows a lot of work, it is not really scientifically interesting or warrant publication on its own.

Reviewer 3: Accept

The authors performed a longitudinal, observational, cohort study prospectively evaluating the incidence and risk factors of lower-limb lymphedema after treatment for gynecological cancer and they describe the protocol of their study and the characteristics of their sample. The authors managed to successfully recruit a big number of women into LEGS protocol and overall, this represents a well-designed cohort study of good quality. They nicely discuss both the strengths and shortcomings of their study and mention the significance of such a cohort for future clinical care and further investigation.