

Peer Review File

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Reviewer A

This case is not particularly rare. Follow-up duration is too short to evaluate the treatment. The discussion is redundant and lacks originality. References are not standardized.

Reply:

We appreciate reviewer's comments. But on reviewing the literature, of course there are many cases with large UTUC, but they invariably present with gross or microscopic hematuria. 5% of UTUCs are detected incidentally, but those are very small and detected incidentally during ureteroscopy done for other indications. I agree with the reviewer that the follow up is small. Since today she is on surveillance ureteroscopy for last 15 months and has not developed any recurrence.

Reviewer B

It is a very interesting case report presenting a rare case of a big but asymptomatic UTUC. The case was described in an excellent way. The diagnostic work-up was performed based on the Guidelines.

How did you take the biopsies of the tumour? If you took them from the top of the tumour there is no lamina propria to be evaluated. You should be precise about the technique of biopsy.

Reply:

Thanks for the comments. The biopsies were taken using a 2.4 Fr stainless steel basket (mentioned in the line 58). This is a wide basket with strong wires as compared to nitinol baskets, allowing us to take good specimens, and hence pathologists were available to identify lamina propria in the specimen.

Reviewer C

Endoscopic treatment of UTUC is considered only in low-risk disease and in case of imperative indications.

This case report is not a low-risk disease for the size of the lesion and not an imperative indication. The patient is an 86-year-old female, but she was considered suitable for RNU, as proposed by the authors itself, but she is a fragile patient at risk of dialysis after RNU. This aspect should be underline in the discussion section as reported in these

papers (Conservative treatment of upper urinary tract carcinoma in patients with imperative indications. Proietti S, Marchioni M, Eisner BH, Lucianò R, Saitta G, Rodríguez-Socarrás ME, D'Orta C, Bellinzoni P, Schips L, Gaboardi F, Giusti G. *Minerva Urol Nephrol.* 2021 Apr;73(2):245-252. doi: 10.23736/S2724-6051.20.03710-8 AND Conservative treatment of upper urinary tract urothelial carcinoma (UTUC) in patients with imperative indications: not only an option. Campobasso D, Puliatti S, Micali S, Maestroni UV. *Minerva Urol Nephrol.* 2022 Feb;74(1):129-130.)

Another aspect to underline in my opinio is the possibility of an endoscopic combined intrarenal surgery for large size UTUC (The use of endoscopic combined intrarenal surgery as an additional approach to upper urinary tract urothelial carcinoma: Our Experience. Grande MS, Campobasso D, Inzillo R, Moretti M, Facchini F, Kwe JE, Frattini A. *Indian J Urol.* 2021 Apr-Jun;37(2):187-188.)

Reply:

Thanks for the supporting comments. I agree with the reviewer that based on the size of the lesion, this should be considered as Intermediate risk disease, even though it's a low-grade tumour. She was offered intrarenal Jelmyto as well, but she refused due to the cost and inconvenience involved in traveling to another town to get that treatment. She was offered RNU and underwent evaluation by geriatric oncologist and was considered a high-risk candidate for RNU, hence she refused that and elected to continue with surveillance ureteroscopy.

It's a small follow up of 15 months now, but she has not developed any local recurrence.