

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/tau-22-829>

### Reviewer A

**Comment 1:** In the manuscript, 86% of tumors were located posteriorly. In the other 14% patients with anterior tumor, how did the surgeons manage to access the tumor?

**Reply 1:** As indicated in Table 2, 86.4% of tumors were posterior, 4.5% were central, 4.5% were anterior, and 4.5% the location was unknown. A description as to how anterior tumors were approached has been added in the Methods section.

**Changes in the text:** Page 6, lines 103-106.

**Comment 2:** I would like the authors to show representative CT image showing intraperitoneal organs and fat or morbidly obese patients.

**Reply 2:** Representative images have been added to Figure 2.

**Changes in the text:** Figure 2, page 6 lines 123-124.

**Comment 3:** Would it be possible to compare surgical results between retroperitoneal and transperitoneal RAPN? This result will draw more attention to this manuscript.

**Reply 3:** Due to the nature of the database used for this manuscript we are unable to do a direct comparison between the retroperitoneal approach described in this manuscript and obese patients who underwent a transperitoneal approach at our institution. In the discussion section, however, we did compare our results to reports of obese patients undergoing a transperitoneal approach.

**Changes in text:** Page 8, lines 164-170.

**Comment 4:** In line 161, a median BMI of 44.9 kg/m<sup>2</sup> (IQR 66.8-90.1) might be a mistake.

**Reply 4:** This has been corrected to BMI of 44.9 kg/m<sup>2</sup> (IQR 42.1 – 48.8).

**Changes in text:** Page 6, lines 117-118.

### Reviewer B

**Comment 1:** I suggest changing RPN to RAPN (Robot-Assisted Partial Nephrectomy).

**Reply 1:** This has been changed throughout the abstract and manuscript.

**Comment 2:** Line 106, You have to add minor complications, as the meta-analysis couldn't find a difference in all complications, but only in minor complications.

**Reply 2:** This has been changed to specify that there was a decrease in minor, but not major, complications.

**Changes in text:** Page 4, lines 59-60.

**Comment 3:** Can you provide a figure illustrating the placement of trocars?

**Reply 3:** Figure 1 has been added to illustrate trocar placement.

**Changes in text:** Figure 1.

**Comment 4:** Line 161,162, The IQR of BMI is wrong. Please check the value in table 1.

**Reply 4:** This has been corrected to BMI of 44.9 kg/m<sup>2</sup> (IQR 42.1 – 48.8).

**Changes in text:** Page 6, lines 117-118.

**Comment 5:** Would you use Clavien Dindo's score 1,2,3 instead of low and high grades?

**Reply 5:** The specific complication grade has been specified throughout the manuscript.

**Comment 6:** The number and percentage of ISUP in table 3 are wrong. Can you check it?

**Reply 6:** This has been corrected.

**Changes in text:** Table 4, line 148.

**Comment 7:** Why do you present other studies in table 5, Your study is not a systemic review. You can mention the other studies as part of putting your results in the context of evidence, but not presenting them in a table. This is out of the scope of your study.

**Reply 7:** Thank you for the comment. We believe this table to be an important component of the manuscript as it places our study in the context of other studies evaluating rRAPN and allows the reader to better interpret and compare our study to the broader literature. However, we agree with the reviewer that this manuscript is not a systematic review, and therefore have changed the table to be a supplementary table.

**Changes in text:** Supplementary Table 1.

**Comment 8:** Line 200-205; Trying to focus on the disadvantages and complications of open surgery on obese patients. I think this is also out of the scope of the study. Because your audience expects you to highlight the feasibility and advantages of rRAPN versus the traditional tRAPN. I suggest removing this suction in your revised version.

**Reply 6:** This has been removed from the discussion.

**Changes in text:** Line 170.

**Comment 9:** You mentioned several times in the discussion “presented here”. It's better to use “presented/analysed/investigated in our study”.

**Reply 9:** This has been changed.

**Changes in text:** Lines 166 and 231.

**Comment 10:** You mentioned that the 22 patients have a low complexity score in nephelometry. do you think that this is a limitation of your study? In another word, if you operate more

complex tumour maybe you need a longer operation time, a higher risk for complications and conversion to open surgery.

**Reply 10:** This is an important limitation and has been added to the discussion section.

**Changes in text:** Lines 253-255.