Peer Review File

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Reviewer A

This is a single-center study on the safety and feasibility of the use of V-O uretero-ileal anastomosis during intracorporeal urinary diversion after radical cystectomy. Authors assessed a total of 28 patients who were offered intracorporeal diversion and showed that V-O anastomosis is technically feasible, safe and easy to adopt. Authors have acknowledged their study limitations.

Although I have to congratulate the authors on adopting the challenging intracorporeal approach of ureteroileal anastomosis as I do believe it makes a significant difference in patient recovery, I am afraid their study results do not reveal anything new. Actually, I will have to disagree with the statement "Traditionally, UIA was performed with the ureteral split-nipple technique or tunneled anastomosis". It has been years since the last time I saw a surgeon performing nipple/tunneled anastomosis when doing the usual ileal conduit/neobladder diversions. I also follow the V-O principle in the intracorporeal diversions and practically, every robotic cystectomist I know follows exactly the same approach as indeed it is easy, safe and effective.

Response: Thank you for your comments. We have deleted the statement "Traditionally, UIA was performed with the ureteral split-nipple technique or tunneled anastomosis" in the revised manuscript.

The Introduction section has been rewritten. We point out:

1. There are several ways to perform ureteroileal anastomosis, but there is currently no universally recognized standard approach. The incidence of hydronephrosis varies and can cause kidney damage, affecting patients' quality of life. Therefore, this issue should be highly concerned, in addition to the therapeutic effects of tumor treatment. 2. We report our center's preliminary experience with the V-O anastomosis method, clearly describing the operational steps and our center's application experience. In follow-up visits, we found a low incidence of hydronephrosis, especially when operating under robotic laparoscopy, which is simpler and more reasonable. We agree with your opinion that this method is simple, safe and effective. 3. Different centers and urologists, and even different stages of the same surgeon, may use different anastomosis methods. After comparing multiple methods, we found that the V-O manner is the most suitable and has the best results. 4. The V-O anastomosis technique is being adopted robotic cystectomist. The highlights of our study are as follows: 1) It was previously used in open surgery, but we apply it entirely under laparoscopy; 2) We treat each V-O anastomosis as a UPJO

(Ureteropelvic Junction Obstruction) procedure, with interrupted suturing for the anterior wall and continuous or interrupted suturing for the posterior wall, preventing complications from anastomotic stricture; 3) This anastomosis method is based on the Bricker method and is superior to the Wallace method. If a ureteral stump develops a tumor again, it can be easily removed and treated separately.

Reviewer B

1) First, the title needs to indicate the short- and long-term outcomes of intracorporeal "V-O manner" UIA and the clinical research design of this study, i.e., a retrospective cohort study. The term "experience" is vague and unclear.

Response: Thank you for your suggestion. This is a retrospective cohort study. The revised title is "Short-term and long-term outcomes of intracorporeal "V-O manner" ureter-ileal anastomosis in robotic-assisted laparoscopic radical cystectomy with urinary diversion: a retrospective cohort study".

2) Second, the abstract is not adequate and needs some revisions. The background needs to why the "V-O manner" UIA is effective and what the knowledge gap is on its efficacy and safety. The methods need to describe the measurements of short- and long-term outcomes. The conclusion needs to be more detailed for the clinical implications of the findings.

Response: Thank you for your good suggestions. According to your suggestions, we have thoroughly rewritten the Abstract section.

3) Third, in the introduction of the main text, please describe the development, details, and strengths of intracorporeal "V-O manner" UIA and the aim of this study.

Response: According to your suggestions, we have thoroughly rewritten the Introduction section.

4) Fourth, in the methodology of this study, please describe the clinical research design of this study. If there were failed cases undergoing intracorporeal "V-O manner" UIA, I suggest the authors to report them, because failure experiences are also of great clinical significance. The authors need to use a separated paragraph to describe the statistical methods including the test of normality of continuous variables and descriptive statistics for categorical variables.

Response: Thank you for your comments. In the revised manuscript, we clearly stated in the methodology section that this study is a retrospective cohort study (Line 116, Page 4). Our study reported that in these consecutive 28 patients (between May 2012 and September 2018), postoperative imaging confirmed satisfactory bilateral ureteral

drainage, with no leakage or stricture. During the long-term follow-up period, all patients exhibited normal kidney function, satisfactory urinary diversion outcomes, and no severe hydronephrosis. Only two cases of mild hydronephrosis did not receive clinical intervention, with continuous clinical observation showing no worsening of hydronephrosis and no significant kidney function impairment.

In statistical analysis, we have added a separated paragraph to describe the statistical methods (Line 170-176, Page 6).