

Peer Review File

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Review Comments

Reviewer A

Comment 1: Given the title of the manuscript, perioperative chemotherapy, especially adjuvant chemo (refer PMID: 32145825, 32065276, 32798146 etc) and immune-checkpoint inhibitors.

Reply: Thanks for your comment. We had not included the chemo topic as this is addressed in a different manuscript of the same special issue. However, we do agree we should add at least a small paragraph on this very important topic. We created a new paragraph in the treatment-related factors section about perioperative chemotherapy.

Changes in text: Page 6, and sources 52-58.

Comment 2: In “3.2.2.3. Body Mass Index”, whether increased BMI has favorable or poor outcomes is controversial. Refer a manuscript of increased BMI favoring longer OS (such as PMID: 21739125, 31602186).

Reply: We added these articles to the BMI section. We also modified the text accordingly.

Changes in text: Page 7 has been edited. Sources 66 and 69 have been added.

Comment 3: Systemic inflammation does not only include NLR, but also CRP (PMID: 23141922) and Glasgow scores (PMID: 29348903).

Reply: We changed the name of the NLR section to “Systemic Inflammation” and added studies about CRP. We also mentioned Glasgow scores.

Changes in text: Page 7 has new title of section. Page 8 has been edited. Sources 77-81 are new.

Comment 4: Regarding “tumor location”, there are a sort of studies indicating the location of UTUC is associated with urothelial recurrence (such as PMID: 33488336), which should be written in the manuscript.

Reply: We added a sentence about this study in the paragraph about ureteral tumors.

Changes in text: Page 9 includes the additional study, which is source 88.

Reviewer B

Comment: This narrative review is a well-conducted work, focusing on the last techniques (and related outcomes) to perform a RNU. It is a clear summary of the last views of the matter.

Reply: Thanks for your comment.

Reviewer C

Comment: This manuscript is interesting to urologists because it describes the many factors that determine the oncologic outcome after RNU. As mentioned by the authors, the several factors determine the oncologic outcome after RNU. However, the references cited are biased, because this research is a non-systematic review. For example, in addition to the prognostic factors mentioned by the authors, other prognostic factors, including preoperative positive cytology [1], hydronephrosis on preoperative computed tomography [2,3], positive surgical margin [4], and prolonged pneumoperitoneum time in laparoscopic RNU [5.6], have been reported as poor prognostic factors after RNU. At least, it should be stated as a limitation that the prognostic factors shown by the authors are only a part.

Reply: We added the following sentence to the summary section: “Because of the non-systematic nature of the present review, not all of them are discussed herein.”

Changes in text: Page 10