Peer Review File

Reviewer A

I would like to extend my congratulations to the authors for conducting such an interesting study. However, there are several issues that need to be addressed.

1. The manuscript could benefit from extensive English language editing by a professional. Additionally, there are multiple typographical errors that need to be edited.
Reply 1: Thank you for your comments,I will try to modify it as you suggested.

2. The last part of the "background" section lacks references (lines 72-78), and the "Rationale and knowledge gap" section of the manuscript also lacks references (lines 81-91).
Reply 2: We added two references to the last part of the "background" section (see Page 3, line 80) and the "Rationale and knowledge gap" section(see Page 3, line 90),respectively.

3. The "General information" part of the methods is presented as results and should be revised (lines 102-112). Instead of presenting results in that section, the authors should clarify the inclusion and exclusion criteria.
Reply 3: I have copied (lines 102-112) to present in the part of "Postoperative curative effect"(see Page 6, line 182-193) . We added inclusion and exclusion criteria to the part of "General information" (see Page 4, line 107-113)

4. Table 3 presents the results of the multivariate regression analysis. The title of the table is too short and lacks clarity; it should be self-explanatory. Additionally, the authors have not specified which covariates were utilized in the multivariate regression analysis.
Reply 4: I have modify it as you suggested (see Table 3,Page 19, line 506) . Since the differences on covariates were not statistically significant in the single factor analysis, multi-factor logistic regression analysis was not further performed.

5. The authors repeatedly mention that hematuria is indicative of T2 disease. I would advise caution in making such statements, as over 70% of all bladder tumors present with hematuria.
Reply 5: I have modify it as you suggested (see Page 2, line 63-64) .

6. The first part of the discussion should be structured differently. Instead of reading like an introduction, it should emphasize the importance of the key results of this research and then proceed to compare these results with the existing literature and discuss their clinical implications.
Reply 6: I have modify it as you suggested (see Page 8, line 245-253) .

7. The results showed that patients with multiple bladder tumors were more likely to experience hematuria recurrence than those with solitary tumors. In the discussion, the authors interpret this as a result of a higher risk of BC recurrence in cases with multiple tumors (lines 259-262).

Was this aspect investigated in this study?

Reply 7: This aspect was not investigated in this study. This study speculated on the cause of recurrent hematuria based on other research. (see Page 9, line 277-280).

8. It would be advisable to refrain from extensive revisiting of the methodology in the discussion (lines 274-285).

Reply 8: I have modified it as you suggested (see Page 9, line 291-298).

This study reported the safety and efficacy of DEB embolization in patients with advanced bladder cancer. They also shows that hypovascular tumor blood supply was a negative factor affecting treatment effect and hypovascular blood supply and multiple bladder tumors were significant factors for post-intervention hematuria recurrence. I think DEB embolization can be a promising treatment for advanced bladder cancer patients that are ineligible to surgery due to comorbidities.

1) I would like to know renal function of patients in this cohort because local cisplatin administration was performed. Is there any change in renal function after treatment?

Reply 1: In this study, postoperative therapies such as intravenous fluid, diuretic and using kidney-protecting drugs were performed after local artery infusion with cisplatin. No significant deterioration of renal function was observed.

Changes in the text: see Page 7, line 204-206

2) How did the authors determine T stage? MRI or CT?

Reply 2: We determined T stage by MRI(multi-parameter imaging techniques such as T2WI, DWI and DCE) or multi-slice spiral contrast-enhanced CT.

Changes in the text: None.

This study was well analyzed and summarized.