### **Peer Review File**

Article information: https://dx.doi.org/10.21037/tau-23-73

# **Review Comments**

#### Reviewer A

Very well written manuscript. Authors should be congratulated on providing an excellent synopsis of the material. Only minor components below. Would recommend the authors to take a close look at the abstract and re-write to make it more succinct and resemble the good work put into the manuscript.

**Comment**: Would recommend the authors to take a close look at the abstract and re-write to make it more succinct and resemble the good work put into the manuscript.

Reply: Our text has been edited based on the suggestions given.

Changes in the text: Line 39 was re-written: "However, there are currently no management guidelines that provide specific recommendations for the use of a robotic approach, and the available literature on this topic is limited."

### Abstract:

**Comment 1**: methods should include date of 2023 as the year hast not been complete yet.

**Reply 1**: In the methods section we describe: "The time frame was from 1934 to 2023, and it was filtered by English language. But checking the search strategy summary on "Date of search" we changed it to January 2023.

We are not sure if this comment has a Typo on: methods should include date of 2023" and it was supposed to say shouldn't but in that case we can also edit it.

**Changes in the text**: Line 644 Search strategy summary table on "Date of search" we changed it to January 2023.

**Comment 2:** "Key Content and Findings": recommend re-stating this entire paragraph in a more succinct manner.

Reply 2: Our text has been updated in accordance with the feedback received.

Changes in the text: Line 47 "Key Content and Findings: Comparative retrospective studies between techniques (ONU, LNU, RAL-NU) and case series of surgical groups mostly at short and mid-term were included."

**Comment 3:** conclusion: "UTUC is on the rise and will continue to grow in popularity" – what does this sentence mean? Cases of UTUC are growing? Publications? Robotics?

Reply 3: We added context. Thanks for noticing it.

**Changes in the text:** Line 50 "Conclusions: Robotic surgery for UTUC is on the rise and will continue to grow in popularity."

**Comment 4:** Conclusion: remove cosmesis

**Reply 4:** following your advice cosmesis was deleted.

Changes in the text: Line 51 Comparing RAL-NU to LNU and ONU shows several advantages, including less blood loss and pain, shorter hospital stay, and quicker recovery time.

**Comment 5:** Introduction: a lot of good information presented from lines 43-97; however, not relevant to the topic. This overview information will be tackled by other authors in this series. Please condense to 1 paragraph. Line 99 is on topic.

**Reply 5:** We have amended our text as per the guidance provided.

**Changes in the text:** The previous paragraph was condensed in Line 57 to 71 in one paragraph as requested.

Laparoscopic Nephroureterectomy

### **Comment 6:**

please use a citation for: "The main concerns with LNU approach mainly involved the distal 156 ureter, bladder cuff excision (BCE), and bladder repair part of the procedure, which 157 requires advanced laparoscopic skills and poses an increased risk of breaching into the 158 ureter/renal pelvis during dissections, which bears the risk of tumor seeding." A RCT was performed looking at lap vs. open

**Reply 6:** Citation (91) has been added to the text.

**Comment 7:** Conclusion: would remove cosmesis; data suggests that in oncologic cases, cosmesis is least valued

**Reply 7:** following your advice, cosmesis was deleted.

**Changes in the text:** Line 51 Comparing RAL-NU to LNU and ONU shows several advantages, including less blood loss and pain, shorter hospital stay, and quicker recovery time.

Great figure (line 383)

**Comment 8:** Please include the following sources:

- 1. J Endourol. 2023 Jan;37(1):42-49. doi: 10.1089/end.2022.0477. Epub 2022 Dec 6. PMID: 36301931
- 2. Int Urol Nephrol. 2022 Aug;54(8):1777-1785. doi: 10.1007/s11255-022-03225-1. Epub 2022 May 24. PMID: 35610528
- 3. Transl Androl Urol. 2020 Apr;9(2):856-862. doi: 10.21037/tau.2019.09.14. PMID: 32420200
- 4. Eur Urol Focus. 2018 Sep;4(5):657-661. doi: 10.1016/j.euf.2018.08.007. Epub 2018 Aug 23. PMID: 30146238

**Reply 8:** Thank you for the suggestions we have added the above references to the text

#### Reviewer B

**Comment 9:** This review article reported the differences between minimally invasive surgery and open procedure in patients treated with nephroureterectomy. However, this context showed the several comparisons in three procedures including open, laparoscopic and robotic modalities. I think this manuscript is not simply compared robotic surgery with open one. I recommend amending the title to you

**Reply 9:** The title wasedited based on the suggestions given.

**Changes in the text:** The title was changed to:Robotic nephroureterectomy supplanting open and laparoscopic approach for upper tract urothelial carcinoma management. A narrative review. Line 4.

**Comment 10:** In addition, the context is relatively redundant so that you would use some tables and figures for comparisons of outcomes in terms of three procedures.

Reply 10: Following the advice provided, we have added one graph and one table.

Changes in the text: Line 354 Figure 2, and Line 662 Table 2.

## Reviewer C

Comment 11: Authors need to pay attention to the references which they have cited twice which does not reflect well. Some of the references quoted are redundant these can be removed **Reply 11:** Thank you for your comment. We have made the changes in the text.

**Comment 12**: Should follow the guidelines of TAU how references are written **Reply 12**: We have made this change in the text

**Comment 13:** Authors can create two nice tables of ontological outcomes representing Robotic vs Open NUT. Was there difference in metastasis between Open vs robotic. Was there difference in use of intravesical between Open vs robotic.

**Reply 13:** Following the advice provided, we included table 2.

Changes in the text: Line 662 Table 2.

**Comment 14:** There are few articles published in 2022 & early 23 can have a look and added. **Reply 14:** Changes have been made in the text.

## **Reviewer D**

This review paper well summarizes robotic nephroureterectomy in the management of upper tract urothelial carcinoma.

**Comment 15:** In the Abstract, robotic nephroureterectomy was abbreviated to RNU, while radical nephroureterectomy was also abbreviated to RNU in the Introduction section of this paper. I think that abbreviations should be unified.

**Reply 15:** To avoid confusion, radical nephroureterectomy was described without an abbreviation and RAL-NU stayed to describe robotic assisted laparoscopic approach to nephroureterectomy. I made the abbreviations consistent throughout the document.

**Comment 16:** References should be cited in line 249-253 and line 363-364.

Reply 16: Changes have been made in the text

**Comment 17:** In the section of Current evidence, the authors explains the contemporary evidence of robotic nephroreterectomy. To make it easier for readers to understand, the authors should add the table that summarizes this section.

**Reply 17:** Following the advice provided, we included table 2.

Changes in the text: Line 662 Table 2.