

Peer Review File

Article information: <https://dx.doi.org/10.21037/tau-23-651>

Reviewer A

Comment 1: *In this manuscript the authors talk about the interesting topic of the management of small renal masses. This editorial commentary is current and well presented. However, the suggestion for the authors is to include in the text and in the reference list the following paper "Baio R, Molisso G, Caruana C, Di Mauro U, Intilla O, Pane U, D'Angelo C, Campitelli A, Pentimalli F, Sanseverino R. "Could Patient Age and Gender, along with Mass Size, Be Predictive Factors for Benign Kidney Tumors?": A Retrospective Analysis of 307 Consecutive Single Renal Masses Treated with Partial or Radical Nephrectomy. Bioengineering (Basel). 2023 Jul 3;10(7):794. doi: 10.3390/bioengineering10070794. PMID: 37508821; PMCID: PMC10376757".*

Reply 1: Thank you for your comment. Following your recommendations, we have carefully reviewed the manuscript and incorporated the necessary changes.

Changes in the text: we added the suggested paper in the text (see Page 3, line 77) and in the reference list (see reference [20]).

Reviewer B

Comment 2: *I have no comments, agree to publish.*

Reply 2: Thank you very much for your positive assessment of our manuscript and your agreement to publish it. Your time and consideration are greatly appreciated.

Reviewer C

Comment 3: *In this brilliant commentary lead by Prof. Autorino the authors pointed out the widespread increased evidence of incidental detection of small (less than 4 cm) renal masses (SRMs) and the associated pathways of tailored treatments. Particularly, trial designs of the current management and treatment options were evaluated. The commentary fulfills each aspects in this specific setting. The manuscript is well written and data are correctly presented. As this very population of pts harbor an increasingly higher age at presentation with inherited comorbidity burden, major urological surgery - such as RAPN - might be not the best choice of treatment. I would encourage the authors to further develop a paragraph about the TA alternatives referring these to recent papers on the topic: doi: 10.1016/j.clgc.2022.07.004; doi: 10.3390/medicina58081041.*

Reply 3: Thank you very much for your encouraging comment. We are pleased that you found the manuscript well-written, and the data correctly presented. Regarding your suggestion to further develop a paragraph about the therapeutic alternatives by referring to recent papers, we have carefully considered your recommendations. We have included the article with DOI: 10.3390/medicina58081041 in the manuscript as it aligns well with the focus of our commentary and offers valuable insights into the CRA technique. However, after a thorough review, we have decided not to incorporate the

second article with DOI: 10.1016/j.clgc.2022.07.004. While we acknowledge the importance of the study, we believe that including this paper and a further paragraph on the different TA techniques would slightly shift the current focus of our commentary. Our intent is to maintain a concentrated discussion on the procedures under investigation in the NEST trial, ensuring the commentary remains succinct and directly relevant to the topic at hand. We hope this meets with your approval.

Changes in the text: we have modified our text as advised (see Page 2, line 59) and replaced the outdated reference [16] with the suggested one (doi: 10.3390/medicina58081041).