

Peer Review File

Article Information: <https://dx.doi.org/10.21037/tp-23-579>

Reviewer A

I have only some minor comments:

Comment 1: Subsequent 35 Malignant Neoplasm (SMN) is reported two times.

Reply: Subsequent Malignant Neoplasm has been deleted where it was duplicated

Changes in text: Deleted in line 69

Comment 2: Some acronyms are not necessary because they are written only one time in the manuscript, please check it. For example - Nephron Sparing Surgery (NSS)

Reply 2: Manuscript was screened and duplicate acronyms expansions were deleted

Comment 3: Adding a recent systemic review on minimally invasive surgery for children and adults might be interesting because the end of the Editorial looks into it. 10.1016/j.ajur.2021.10.004

Reply 3: Thank you for the suggestion and a reference alluding to this has been added to the article.

Changes in text: Has been added as reference #5. Blanc T, Pio L, Clermidi P, Mueller C, Orbach D, et al. Robotic-assisted laparoscopic management of renal tumors in children: Preliminary results. *Pediatric Blood & Cancer* May 2019, <https://doi.org/10.1002/pbc.27867>

Reviewer B

I read it with great interest and would like to offer two quick suggestions to further enhance the scientific rigor of your work.

Comment 1: In the section between lines 105-112, I kindly suggest briefly discussing the two main current surgical innovations:

1. Although NSS is a relatively recent development, its evolution is poised for further transformation through the application of the metaverse and 3D virtual models. This is elaborated in the following work: Della Corte, M.; Clemente, E.; Checcucci, E.; Amparore, D.; Cerchia, E.; Tulelli, B.; Fiori, C.; Porphiglia, F.; Gerocarni Nappo, S. "Pediatric Urology Metaverse." *Surgeries* 2023, 4, 325-334. <https://doi.org/10.3390/surgeries4030033>

2. NSS not only reduces the risk of comorbidities in adulthood, but its robust rationale is presented in the following work: Taghavi K, Sarnacki S, Blanc T, Boyer O, Heloury Y. The rationale for nephron-sparing surgery in unilateral non-syndromic Wilms tumour. *Pediatr Nephrol.* 2023 Aug 21. doi: 10.1007/s00467-023-06099-2. Epub ahead of print. PMID: 37603086.

I recommend including these concepts to provide a comprehensive overview of the topic and citing these influential works.

Reply 1: Thank you for the suggestion and the reference alluding to this has been added to the article (#3/4).

Changes in text (Lines 107-108): Recent developments in 3D imaging technology aided by the metaverse may improve NSS patient selection and outcomes.

Reviewer C

Overall, the article provides a clear summary of the paper on which it is commenting and states clearly why the paper is important. If space allows, I would suggest the following minor modifications for clarity and completeness.

Comment 1). Line 34. This is the only mention of external causes. Should there be a sentence later in the article summarizing the results for external causes?

Reply 1: External causes of morbidity such as accidents and injury were not higher in WT survivors.

Changes in text (Lines 120-121): This sentence has been added in line #120-121

Lines 55-56. Could you mention the range of diagnosis years covered, and the range of duration of follow-up of the study subjects?

Reply 2: This was a 35-year retrospectively constructed cohort followed prospectively for cumulative incidence of grade 3-5 CHC and death of patients WT diagnosed between 1970 and 1999.

Changes in text (line #28): 'WT patients in the cohort were treated between 1970 to 1999.

Comment 3: Line 65 and elsewhere. Please be clear on each occasion whether 'health related mortality' means all health-related mortality, including recurrence/relapse, or 'other health-related mortality' as defined at line 34.

Reply 3: Thank you for the comment. Line 34 defines the premise of the article.

Changes in text: Line 65 was checked for correctness and no change is necessary.

Comment 4: Lines 105-107. For context, could you state the current policies of COG and SIOP regarding use of nephron-sparing surgery?

Reply 4: There are no COG and SIOP recommendations for use of nephron sparing surgery for WT. The editorial supports future studies in that direction based on the findings of this study.