

Peer Review File

Article information: <https://dx.doi.org/10.21037/amj-21-3>.

Review A:

Comment 1: principles of repair and considerations in post radiation as opposed to non-radiated patients

Response 1: A paragraph was added after the introduction to address this point.

Comment 2: a paragraph on the advances on the robotic system - eg single port, combined antegrade and retrograde approach, etc

Response 2: a paragraph was added to address this point.

Review B:

Comment 1: Authors had better describe the problems of an open surgery such as complexity of open reconstructive surgery due to tissue ischemia and fibrosis at p2 line 55 before describing about robotic surgery in Introduction section.

Response 1: Thank you for the suggestion. We elaborated more on this point in the introduction.

Comment 2: Authors should describe the inclusion or exclusion criteria and the definition of time periods as search strategy in Materials and Methods section, and how many articles authors found in Pubmed search before determining 42 articles selected for the final review in Result section.

Response 2: Thank you for your comments. Our article is a review of literature not a systematic review and meta-analysis, so we did not have a time limitation or a defined inclusion and exclusion criteria other than relevance to the subject of the article, which is what we stated in the methods section.

Comment 3: Authors described the usefulness of robotic assisted procedures including NIRF/ICG technology in various post-radiation urologic reconstructive surgery. Authors had better clarify the success or complication rate of each reconstructive surgery using robotic assisted surgery and NIRF/ICG technology compared with open surgery. If there are several articles presenting post-radiation urologic reconstructive surgery using robotic assisted procedures or NIRF/ICG technology, authors may need to make a table presenting success or complication rate in robotic ones or NIRF/ICG technology.

Response 3: Thank you. Our article is not a systematic review, but a review article providing an overview of the recent technological advances and their role in post-ra-

diation urological reconstruction. It was not our objective to compare open and robotic surgery and we were not aiming to evaluate which is superior.

Comment 4: Authors concluded the usefulness of NIRF/ICG technology as well as robotic assisted surgery and titled this article ‘Frontiers in Post-Radiation Urologic Reconstruction; Robotic Surgery and Near Infrared Fluorescence Imaging’. Are there any articles presenting NIRF/ICG technology in bladder reconstruction and posterior urethral reconstruction sections? Authors need to comment about NIRF/ICG technology in these sections, even if no articles present the effect of NIRF/ICG technology in these reconstruction procedures.

Response 4: We explained the role of NIRF in the section of the bladder neck reconstruction. We also edited the posterior urethral section to touch on this point.

Review C:

Comment 1: Please review the word “Ureterroplasty” located in lines 32 and 62, as is misspelled.

Response 1: It was corrected

Comment 2: Supporting pictures or videos of each of the described technologies will be very helpful. This way, a better exemplification of the difference between having or not having NIRF/ICG will be shown.

Response 2: We added intraoperative images demonstrating the application of ICG and NIRF imaging.