

Peer Review File

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Review Comments

Reviewer A

Nowadays, Robotic ureteral reimplantation has been increasingly popular yet have not come into a standard approach of correction of VUR. Overall, before this study, literature has not come to a concrete conclusion of Robotic ureteral reimplantation being superior to other surgical methods.

For this study, it involves a calculation of data. Yet, author did not mention the way of calculation and did not mention the calculation engine.

As a 'Narrative Review', which is not a meta-analysis or systematic review, it must have detailed discussion of the various aspect of 'Robotic ureteric reimplantation in children'. It seems author tried to address 1 clinical question of 'result of robotic ureteric reimplantation in literature. Among all these studies, there must be difference in terms of study design follow-up period, definition of success... etc. Author has not addressed all the matters and cant come to a valuable conclusion.

Reply A:

Thank you for your valuable suggestion. The current evidence does not allow a meta-analysis and it is not possible to statistically compare the outcomes of different approaches. For this reason, the aim in the 'introduction' has been rephrased in this sense. The further aspects that you mentioned have been added in the 'Discussion', that has been completely re-phrased in order to support our aim. Furthermore, this aspect has been highlighted in the 'limitations' paragraph once again.

Also the conclusion has been modified to make the paper more consistent to a narrative review.

Reviewer B

The paper is interesting and well designed. The results are relevant and well presented. I would suggest to improve the introduction/discussion sections citing the EAU guidelines. Moreover in the discussion section cite the importance and the recent improvements given by robotic surgery in pediatric urology, cite and

It will be a pleasure to revise an updated version of the manuscript

Response B:

Thank you for your constructive review. Current EAU/ESPU guidelines has been cited in the introduction. An entire paragraph about current guidelines has been added in the discussion.

The discussion was rephrased to highlight the recent improvements that you suggested. Please, kindly read the updated version of our manuscript.

Reviewer C

Dear authors,

The aim of this paper is to discuss the advantages of RALUR_EV over open surgery based on a literature review.

In the introduction, the basics of VUR are presented, but the references are insufficient. Subsequently, robotic surgery is described as advantageous over laparoscopic surgery. This is not supported by the cited literature and is not elaborated further. The current status of the results of open, laparoscopic or vesicoscopic antirefluxive surgery, with which laparoscopic robotics must compete, is not mentioned.

In the selected literature, it seems possible that patients occur more than once. Essential data (operating times, follow-up times, success rates) are not available in all cited sources, so that only a different selection of studies is available for interpreting the results, which are not mentioned in more detail. The success rate by patient, for example, is calculated from other studies than the success rate by ureter. These figures are interchanged in the abstract and results.

The data collected do not allow for a comparison of RALUR with other methods. Thus, the advantage of RALUR presented in the discussion remains purely fictitious. There is no interpretation of the results, no comparison with the laparoscopic results obtained in the cited studies or the literature.

I am very sorry, but I do not consider the study presented here to be worthy of publication.

Response C:

Thank for your valuable observations.

The goal was rephrased in the introduction. This is a narrative review, and the current evidence does not allow to statistically compare the outcomes of RALUR and other approaches. For this reason, we could only speculate about the potential benefits and advantages of the RALUR. This crucial limitation has been remarked in the discussion.

Traditionally, the number of references for the introduction section should be 5-15 ([https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987331/#:~:text=Introduction%3A%20page%20\(ideally\),ABC\)%3B%205%2D10%20references](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987331/#:~:text=Introduction%3A%20page%20(ideally),ABC)%3B%205%2D10%20references)). However, we have expanded to twelve references.

Furthermore, we addressed more details in the definition of success and failure of this procedure and in the advantages of laparoscopic techniques. We also corrected the interchanged figures in the abstract.

Even though vesicoscopic anti-reflux surgery should be treated in another review as an intra-vesical approach, we added a reference about this topic in the discussion.

Reviewer D

Thank you for the opportunity to review this manuscript whose goal is to show the benefits of RALUR. The discussion is confusing and not clearly written, so the conclusions are not convincing and appear superficial. The advantages of robot-assisted laparoscopic extravesical reimplantation are not clearly stated. I believe that the discussion needs to be revisited to highlight the real advantages of the technique.

Response D:

The discussion has been modified and the benefits and advantages are clearly highlighted in the 'conclusions' sections.