

Peer Review File

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Round 1:

Reviewer A

This well-written narrative review gives a clear and extensive overview of literature on radical cystectomy in female patients and adjacent topics. Please find below some major and minor issues that I would like to suggest for improving the manuscript.

Major comments:

- **Comment 1:** There should be a short explanation why authors deem it appropriate to do a non-systematic review (as opposed to a systematic one).

Reply 1: The authors would like to thank the reviewer for raising this point. As Prof. Rink was invited to contribute a narrative review, the authors decided to adhere to the invitation commissioned by TAU.

Changes in the text: None.

- **Comment 2:** There should be a bit more detail on how literature was selected/summarized, this is now completely unclear. Some more papers exist on the outcome differences between men and women than those in the manuscript (ref 5-18), e.g. Andreassen et al. Eur J Cancer. Due to the lack of methods on paper selection, it is unclear why these articles were not included.

Reply 2: The authors agree that the information on how the literature was selected should be presented in more detail. The authors would also like to thank the reviewer for providing additional literature. We felt that the review should not focus extensively on differences in oncological outcomes as they have been studied and reported in great detail in recent years. Due to the non-systematic nature of our review, the focus was laid on delineating trends that are apparent in the current literature. The search was performed to identify articles published between 1995-2022, only English articles were considered. Therefore, we added the following to the manuscript.

Changes in the text: We have modified our text as advised by Reviewer A (page 3, lines 87-94) and added the suggested reference.

- **Comment 3:** The sentence in the conclusions section 'With the choice of a UD based on the patient's needs and performance status, appropriate HRQOL can be achieved in a shared decision-making process' seems more of a hypothesis than concluded from the studies mentioned in the text.

Reply 3: *The authors thank the reviewer for this critical remark. We agree with the reviewer that the paucity of available high-quality data does not allow sharp conclusions. Based on mostly low-quality data, the evidence provided in the review suggests that there is no “one size fits all” UD that is superior to other UD types in every possible aspect. Therefore, to achieve appropriate HRQOL after RC, it is necessary to consider functional and oncological aspects of a patient preoperatively, to decide which UD suits the patient best. Shared-decision making provides the groundwork for such a process.*

Changes in the text: *We have modified our text according to the reviewer’s comment (page 17, lines 430-432).*

Minor comments:

- **Comment 4:** It is unclear what 'among others' refers to in line 75.

Reply 4: *The authors agree with the reviewer’s comment.*

Changes in the text: *We have modified our text and deleted “among others” (page 3, line 78).*

- **Comment 5:** I think it could be a useful addition to provide some data on incidence/occurrence for many considered outcomes (e.g. how often RC is applied for MIBC in women? How often RC is sexually preserving? See for instance Richters et al. (World J Urol) / Golla et al 2020. How often peri-operative morbidity and mortality?) This provides useful context.

Reply 5: *We thank the reviewer for the valuable input and the additional references. The most recent paper by Richters et al. in the World J Urol was accepted in June 2022, several months after the search performed by the authors (see Table 1). Therefore, the authors believe that it is inappropriate to add this paper to the review. A paper by Richters et al. from 2020 in the World J Urol focused on the global burden of bladder cancer.*

Changes in the text: *We have modified our text according to Golla et al 2020 (page 3, lines 75/76) and Richters et al 2020 (page 4, lines 98/99).*

- **Comment 6:** Please consider including Wijnburg et al Eur Urol in the section of RARC vs ORC as a prospective study.

Reply 6: *We thank the reviewer for providing us with an additional reference.*

Changes in the text: *We added the reference in the text, see page 8, line 211.*

- **Comment 7:** The terms sex and gender seem to have been used interchangeably. For a manuscript that focuses specifically on this topic, it would help readers if it was used consistently. The same goes for male/female and men/women (e.g. line 290 "compared with males, women...").

Reply 7: *We thank the reviewer for highlighting the inconsistent use of sex/gender, male/female, and men/women.*

Changes in the text: *We have modified the text as advised and harmonized the terminology towards gender and males/females vs. men/women in all appropriate positions.*

- **Comment 8:** For some text, it is unclear whether authors are summarizing literature, or paraphrasing what they consider is consensus/general knowledge (e.g. "A critical preoperative assessment of patient characteristics is vital to choosing the appropriate surgical approach.")

Reply 8: *We thank the reviewer for raising this important point. As this is a narrative review, we took the liberty to paraphrase what we consider to be general knowledge/consensus, based on common guidelines and routine clinical work (e.g., page 8, line 222 – similar to what the reviewer has pointed out). When summarizing the literature/evidence, we generally supported the statement with citations. In that way, we hope the reader will be able to distinguish between general statements that in the opinion of the authors do not require citations from references to research results.*

Changes in the text: *None.*

Reviewer B

Comment 1: A review on urinary diversion in women simply omitting continent suprapubic reservoirs is poor for this part of the manuscript. Women suffer from their gender after radical cystectomy as they receive incontinent urinary diversions in only about 90 % of cases due to fact that most centers cannot perform OND and even less can perform any form of a pouch procedure.

The manuscript gives a narrative review on radical cystectomy and urinary diversion in women. It is well written and comprehensive.

Although, part of the topic, to my opinion the chapter on urinary diversion is too short. Here the interested reader is left alone with only two forms of urinary diversion namely the ileal conduit (IC) and the orthotopic neobladder (ONB). One is left to believe that in case of bladder neck or urethral tumor involvement and pre-existing stress urinary incontinence the only alternative to ONB is the wet IC. Especially in women the body image is dramatically impaired by IC with an external application. Here suprapubic continent urinary diversion as for example the MAINZ-Pouch (as rudimentarily mentioned in the text) or the Indiana Pouch or some sort of ileal pouch with a continent catheterizable stoma is an important alternative that should be offered to the patient. I am aware that these forms of urinary diversion can only be offered by very few operative centers, but as pre-operative counselling of the patients is stressed in the manuscript this important form of continent urinary diversion must be described and discussed. Surgeons performing this form of urinary sometimes even choose this

technique of urinary diversion in obese patients where fatty tissue excludes the formation of an OND and IC has many risks due to the thick abdominal wall.

Furthermore, comparing the use of continent urinary diversions with low pressure reservoirs and IC it should also be mentioned, that continent UD is only possible in patients with sufficient renal function.

Reply 1: We thank the reviewer for his detailed comments on continent cutaneous UD. We agree with the reviewers comment that continent cutaneous UD should be discussed in more detail.

Changes in the text: We have modified the text as advised by reviewer B (see page 9/10 lines 239-246; page 10 lines 257/8 and 267/268; page 11 lines 281-284; page 12 lines 304/5/6, page 13 lines 331-333 and 337/8; page 14 lines 357-361; page 17 line 434.

Round 2:

Review Comments

The reviewers are well pleased with the corrections included in the manuscript concerning continent cutaneous urinary diversion.

Comment: One point concerning continent cutaneous urinary with pouches may still be mentioned: It is the continent urinary diversion technique more often performed in women than in men!

The authors may for this fact refer to the latest series bei von Knobloch-R et al. Urol Int 2022;106(2):180-185.

We thank the reviewer for the valuable comments and the literature provided. We amended the text accordingly, see page 10 lines 244-246.