

PEER-REVIEW REPORT

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Reviewer's code: 05913135

Position: Peer Reviewer

Academic degree: Doctor, MA, MD

Professional title: Deputy Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The case is interesting and educational, as it highlights possible pitfalls of diagnostic and treatment. In this case, a fistula of the lumbar artery developed possibly due to a variation of arterial supply to the ureter, which was compromised after radiotherapy. An interventional treatment was performed successfully. There are some minor concerns about correct citations and understandability. The details of the case are scarce and should be more explicit. So the paper would benefit from a little more detail. The abstract, key words and core tip are o.k. The Introduction needs some reworking. Pillai et al do not report <150 cases but <150 in 2014, with further publications of case series since then, so experience is limited, but reports of cases are multiple and there is a speculation about uretero-arterial fistulas being not so rare (e.g. Turo et al Curr Urol 2018; 12;54-56). 152 cases have been reported during the last 3 years (Simon et al, CVIR Endovascular 2021 DOI: 10.1186/s42155-021-00226-6). Etiology therefore may not be proven, but there is some knowledge about it, as the authors comment on in the discussion part. So this should be set straight in the introduction. Lines 3+4 are not understandable. Single Center case series have been published until present, including series with endovascular interventional therapy (Simon et al, CVIR Endovascular 2021 DOI: 10.1186/s42155-021-00226-6). In lines 6/7 of the introduction, the authors state that UAF is associated with pelvic surgery and include radiotherapy in the list of operative interventions, this is misleading, for radiotherapy seems to be an independent risk factor. Lines 11/12 are awkwardly formulated and should be rephrased. The Case Presentation gives very little information. When was the patient diagnosed and treated) for UAF? What has been the regimen of radiotherapy? How often had the ureteral stents been changed? Why was there a change to metallic double-Js? Were there any simultaneous other diseases? Did the patient take any medication? Was the procedure performed in a single intervention or were multiple interventions necessary? The discussion is quite



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well written and highlights some difficulties in the diagnostic process. In the conclusion the importance of DSA is stressed, but in the discussion a limited accuracy of the method is reported. Do the authors have suggestions about how to improve the accuracy of arteriography and CT? It seems that the treatment of UAF is now a domain of endovascular treatment, as it was performed in this case. The first part of the first sentence in the last paragraph should be rephrased s it is not readily understandable.