

Dear Prof. Wang,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled "Successful robot-assisted partial nephrectomy for giant renal hilum angiomyolipoma through the retroperitoneal approach: A case report" (Manuscript ID:71031).

We have studied reviewer's comments carefully and have made revision which marked in blue in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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**List of Responses*

Dear Editors and Reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Successful robot-assisted partial nephrectomy for giant renal hilum angiomyolipoma through the retroperitoneal approach: A case report" (Manuscript ID:71031). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in blue in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1: Congratulations to the authors on this interesting case report. The authors reported a successful robot-assisted partial nephrectomy for giant renal hilum angiomyolipoma through the retroperitoneal approach. Overall, the study is well-written. However, the images are of poor quality. I would suggest a video vignette of the surgery instead of pictures.

Response: We thank the reviewer for this comment. According to the recommendation of the editor, we have prepared the original figure documents which was processed with PowerPoint. Besides, we possess the entire video of the operation, and could provide it to you to make video vignette if necessary.

Reviewer #2: I have the following queries.

1. Please specify the location of the tumour properly. Was it in the upper part, lower part or hilum. While the contrast-enhanced computed tomography examination revealed that the mass had grown to 9 cm in maximum diameter, and was wrapped around the right hilum, the renal CT angiography revealed that the middle and lower branches of the right renal artery were involved in the mass. In the images, it seems in the upper part and hilum.

Response: We thank the reviewer for this comment. The contrast-enhanced computed tomography examination of our hospital revealed that the tumor had grown from the hilum to lower part of the right kidney, measuring 90mm×47mm×65mm. The renal CT angiography revealed that the middle and lower branches of the right renal artery were involved in the mass. Therefore, the location of the tumor revealed in the two imageological examinations are the same by different perspectives. We added this description in our manuscript.

2. Remaining tumour was aspirated with aspirator. Please elaborate. Is it safe and sufficient? Is there a chance of recurrence?

Response: We thank the reviewer for this comment. According to our years of operating experience, laparoscopic aspiration of the remaining tumour is sufficient and safe. Xu et al[1]also reported that it can be a safe and efficient therapy for renal AMLs, especially for large and central renal AMLs. The aspiration was committed to eliminate tumor base and remaining tumor tissue as well as to help hemostasis. It turned out to be an effective method to expose small vessels of the base for arresting

bleeding point. Of course, it is necessary to expose the various basal areas of the tumor as much as possible in order to completely suck out the remaining tumor tissue. Since there is no residual tumour tissue after careful aspiration around the base, there is no chance of tumor recurrence. We have not found a single case of recurrence from the original tumor site. We added this elaboration in our manuscript.