Peer Review File

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Comments to the authors:

Would like to commend the authors for coming up with this narrative review on urinary diversion and reconstruction after radical cystectomy. It is well written, and I enjoyed reading it. Would like to point out a few things and make a few comments that I think might improve your manuscript:

1. In the introduction, lines 70 and 71 when you are talking about radical cystectomy for recurrent / persistent high-risk NMIBC, would recommend using the most recent FDA guidance / definition on BCG unresponsive disease:
    - Persistent or recurrent CIS alone or with recurrent Ta/T1 (noninvasive papillary disease/tumor invades the subepithelial connective tissue) disease within 12 months of completion of adequate BCG therapy
    - Recurrent high-grade Ta/T1 disease within 6 months of completion of adequate BCG therapy
    - T1 high-grade disease at the first evaluation following an induction BCG course

Reply 1: I think that this is an excellent suggestion that complements the international society recommendations already included, and therefore I made this change.

2. Under the section "**Incontinent Urinary Diversion Using Bowel Segments"** would you be able to provide further detail and share your experience regarding the incidence of parostomal hernias and maybe cite a study from MSKCC regarding the use of mesh for prevention of this complication?

Reply 2: Parastomal hernias are certainly something that we particularly struggle with at our institution after ileal conduit formation, and I agree with the inclusion of this point.

3. It might be helpful to report on comparative HRQOL outcomes for incontinent and continent urinary diversions. You did briefly comment on and stated that are no big differences between them in lines 305 – 310, but I feel like this could be further described in detail.

Reply 3: I agree that this is an important point, and have expanded on this in more detail