Responds to review：

Dear Reviewer 2：

Greeting! Thanks a million for your sincerely review on my paper. The below is all my responses for your kindly suggestions and doubts:

1. Double blind: we real confused on the methodology on how to carried out this research work with little bias initially. The double blind, exactly as what you said, is that neither the subject nor the experimenter knows the test group. In this study, We have control and test group, the patients and surgeons exactly did not know whether the case would be assign into control or test group. All the cases of HU and allocations were evaluated and decided after surgery and arranged randomly into certain test/control groups to avoiding the subjective bias(see fig 1). in this way, it might fit the principle of double-blind.

However, this process may waste some cases but did not affect the characteristics of prospective study, and might result more close to the truth. In additional, this performance is the most we could do which did not harm the patients interests in that condition (if we randomly assign the cases before surgery, which might not fit the surgeon’s intentions and also might be harm the interests of patients).

1. Cutoff of 1000HU

In the past, urologists in our center did not pay enough attentions on HU value before RIRS, the thin laser in flexible ureteroscope did not work fluently as energy loss during flexing sometimes , particularly in some lower pole tough stones cases. Thus, this research carried out for 3 years, one-single-use flexible ureteroscope did not popularized in the beginning; we also did not know anything about SMP and Lumenis mose laser at that time yet. But at that time there were two literatures indicated 1000HU might be a water-shed on the disintegration of stone as following:

1. Massoud AM, Abdelbary AM, Al-Dessoukey AA, Moussa AS, Zayed AS, Mahmmoud O. The success of extracorporeal shock-wave lithotripsy based on the stone-attenuation value from non-contrast computed tomography. Arab Journal of Urology. 2014;12:155-61.
2. 彭毅. 结石CT值对输尿管软镜钬激光碎石效率影响的研究[D]. 山西医科大学.(one Chinese M.M thasis, mainly indicated the efficiency of laser might be significantly affected in the cases of stone >1000HU)

Under that circumustance, I naturally assign 1000HU as a cutoff in my work. I also noted the potential limitation of this paper(see limitation and recommodation, point 2 and 3) that this cutoff(1000HU) is worth more discussion and more work to calculate/define accurately.

Nowadays, with help of mose laser and SMP, most lower pole have a new way to treat. But not every clinical center in China have the mose laser equipment and SMP experiences. We remain want to remind the urologist to pay enough attention on HU value before RIRS.

1. multivariate analysis

Done，it finally indicated that water-shed of 1000HU in stone might significantly affected the surgery time in RIRS. Thanks for your suggestions!

At last, thanks again for your kindly review and sincerely suggestions.

Sincerly yours

Qiqi He