Reviewers’ answers

Reviewer #1:  
The authors provide an interesting case report for the use of 3D technology  
in operative planning of a robotic partial nephrectomy.  
It would be interesting for the authors to include some information on the  
cost and time associated with creating these 3D models. This can include the  
initial cost of the software, hiring personnel for the team, etc.  
Although this is a great example of its use, how practical is this  
technology and whether can it be implemented into daily practice is an  
important aspect worth noting.

Answer: In order to obtain such models a strict collaboration between urologists, radiologists and dedicated bioengineers is mandatory. The current price for each model is roughly 800 euros, while the time required for the entire production is around 48 hours. In the near future, part of the process will be automized, allowing to reduce both costs and time for models’ production. These improvements will furtherly widen the fields of application and the availability of this technology, making it virtually available “on-demand” in the operating room, based on surgeons’ requests.

Reviewer #2:  
In this manuscript, Volpi et al. presented a special case and concluded that  
the robotic console and 3D models can reduce the risk of adverse events. The  
case report is very interesting. However, some minor revisions are needed  
before it can be accepted.  
1. In the introduction, please briefly describe the advantages and  
disadvantages of NSS surgery.  
2. Could the authors provide the patient's preoperative and postoperative  
glomerular filtration rate values?

Answers:

1) Nephron-sparing surgery (NSS) is being ever more adopted for the treatment of renal cell carcinoma and is today considered the “gold standard” treatment for T1 lesions [1]. In fact, in such tumours, oncological outcomes of NSS are similar to the ones obtained with radical nephrectomy (RN) [1], with better functional recovery [2]. However, this procedure has historically been considered as a challenging one, reserved to skilled and experienced surgeons, mainly due to safety aspects: PN is indeed related to a higher occurrence of postoperative complications compared to RN, in particular regarding the most severe ones (Clavien Dindo classification grade ≥3) [3].

The references have been modified in accordance to the additions

2) Preoperative serum creatinine and eGFR were 0.92 mg/dL and 62.9 mL/min/1.73m 2.

Postoperative eGFR was 60.6 mL/min/1.73m 2.