Reviewer 1: Major revision

I think this review is about an interesting topic not very explored in urological malignancy.

Suggestions:
1) I would like to see a summary table with the most important studies in each urological cancer
2) It would be helpful to see a final table with the level of evidence and the final recommendation of the authors about using this technique in each kind of cancer.

Reviewer 2: Minor revision

in page 8 : a mistake line 1 : (99m)Technetium-labeled phyate instead of (99m)Technetium-labeled phytate.

in page 8, a mistake in 3rd line before conclusion : efficacious modes of detection (73) instead of efficacious nodes of detection (73).

For prostate cancer and SLN technique, it is necessary to add this idea, developed also in cervical carcinoma SLN :

The prostate, being a midline structure, should have bilateral drainage, and it is not possible to predict the preferential side of lymphatic drainage in this setting. Thus, ideally, at least one SLN should be studied on each side of the pelvis, and the SLN identification rate should be reported not only per patient but also per side. This approach is described for the sentinel lymph node in cervical cancer (Eiriksson LR, Covens A. Sentinel lymph node mapping in cervical cancer: the future? Br J Obstet Gynaecol. 2012;119:129-133)

The bibliography is a little old for some topics. Thank you to replace or add :


Reviewer 3: Minor revision

Nicely written comprehensive review of the role of sentinel lymph node dissection (SLND) in urological malignancies

I would only suggest the inclusion of a comment highlighting the retrospective nature of many of the case series which form the evidence base for SLND in urological malignancies

(end)