Author’s response to reviews

Title: Survival advantage of partial over radical nephrectomy in patients presenting with localized renal cell carcinoma

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Author’s response to reviews:

Dear Editor,

Thank you for your letter concerning our manuscript.

We have carefully studied all of the reviewers’ comments and revised the manuscript accordingly. Attached please find the revised manuscript as well as a list providing a detailed explanation of all revisions.

We hope that the manuscript is now suitable for publication in BMC Cancer and look forward to hearing from you soon.

Yours sincerely,

Sandra Steffens

Revisions to Roos et al. Ref.: Ms. 1638923576118483

Reviewer Vitaly Margulis:

major revisions:
given discrepancy between large body of retrospective data and the prospective trial, it is essential to provide oncologic and functional outcomes (at least renal function outcomes). this should support the hypothesis that improved survival in patients treated by NS are driven by improved preservation of renal function with ensuing benefits.

Answer: The reviewer is absolutely right. It would be a great contribution to the manuscript if we could add some more functional data, especially renal function. Unfortunately, as stated in the discussion, one significant limitation of our study was that we have no information about the renal function after renal surgery and hardly any other functional data. Therefore, we had and have to focus on oncological outcome with all the resulting and discussed limitations.

Authors must soften the conclusions that Ns provides improved OS, given the retrospective nature of the study with significant confounders which are not adjusted for, such as detailed assessment of pre surgical comorbidity. a more rigorous comparison, perhaps propensity matching may strengthen the conclusions of the study.

Answer: We have softened the conclusion and included a paragraph in the discussion section emphasizing the risk of section bias.

Reviewer: Jose Karam

Major Compulsory Revisions

1- The authors need to add the work by Lane et al into the second paragraph of Introduction (PMID:23201493) when they discussed surgically-induced CKD.

Answer: Done

2- How was "significant" preexisting CKD defined in the Methods section?

Answer: Renal insufficiency was defined as significant if the patients had a GFR <60 ml/min. This information was added in the manuscript.

How was this done to define elective versus imperative PN given that the authors report preoperative renal function was not always available?

Answer: The pre-OP renal function was known in every case. PN was defined as "imperative" in case of significant preexisting renal insufficiency (GFR <60ml/min) and/or the absence of a normal contralateral kidney. However, eventually the definition of an "imperative" indication was based (in every individual case) on the personal judgment of the operating surgeon.

3- What was the complication rate in the PN versus RN groups?

Answer: This is a very interesting question, however, we had not information about specific postoperative complications and this question was not particularly addressed in this study.

4- What was the difference in renal function after PN versus RN?

Answer: Again, unfortunately we did not systemically evaluate the renal function
post-operation. We apologize for that (please compare reviewer no. 1).

5- Please comment in detail in the Discussion section on the manuscript by Shuch et al where he nicely showed the large potential for bias when interpreting survival benefits of PN versus RN (PMID:23674264)

Answer: Done. This was a very helpful advice. We thank the reviewer to call our attention to this great publication.

Reviewer Bishoy Gayed
No comments.

All changes in the manuscript are marked