Reviewer's report

Title: Prognostic value of radical cystoprostatectomy in men with bladder cancer infiltrating prostate versus co-existing prostate cancer: a research study.

Version: 1 Date: 16 April 2010

Reviewer: Arnulf Stenzl

Reviewer's report:

In this retrospective observational study, authors have investigated outcomes in patients with prostate-infiltrating urothelial carcinoma of the bladder (classified as pT4a disease) compared to patients with a concomitant secondary prostatic adenocarcinoma. They found significant differences in cancer-specific survival between both groups:

Major Compulsory Revisions:
- The authors report a rate of 7.8% concomitant prostate cancer (25/320 patients) in their series which is quite low compared to previous studies reporting an incidence of approximately 25% (Revello et al, J Urol, 2004 and Damiano et al, Eur Urol, 2007). How do authors explain this difference? How were the specimens processed? Cross sectioning or whole-mounted? Please give further data on histopathological evaluation since this series includes a large time period of 16 years.
- 4 patients had both pT4a disease and concomitant PCa. What were the outcomes of these four patients. Did they progress more rapidly to local or distant recurrence than patients with pT4a disease?
- Were there any differences concerning the resection margins in both groups? It is well known that patients with R1-disease do have significantly worse outcome. What was the level of lymphadenectomy. Standardized pelvic lymphadenectomy (up to the iliac bifurcation, Level I), extended lymphadenectomy (up to the aortic bifurcation, Level II) or even up to the inferior mesenteric artery (IMA, Level III). Differences in the extent of lymphadenectomy may also result in differences in survival since the curative potential of an extended approach even in extravesical disease is well known (Stein et al, JCO, 2001). How many lymph nodes were retrieved in both groups and were there any differences in univariate analysis?
- Please clearly state the median follow-up (including range) of the patient collective in the abstract to improve the interpretation of study results.
- Gehan test was used for univariate analysis of survival outcomes between both groups which includes per definition censored observations. I would propose to use the log-rank test with regard to your observational period.
- How was biochemical recurrence od PCA defined since the median PSA level was 0.25ng/ml! How many patients had a PSA level >0.5ng/ml?
- Were there any patients in group I with prostate-infiltrating and pT4b disease
(infiltrating of pelvic or abdominal wall).

Minor Compulsory Revisions:
- Please define “death” in Table 2- Did this also include perioperative mortality?
- Please include resection margins between both groups including univariate results.
- Table 3 (Kaplan-Meier analysis) has to be accompanied with a legend.

Questions:
When assessing the work, please consider the following points:

1. Is the question posed by the authors well defined?
   Yes.

2. Are the methods appropriate and well described?
   Yes.

3. Are the data sound?
   No. Please see major compulsory revisions

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   No. Please see major compulsory revisions.

6. Are limitations of the work clearly stated?
   No. Please see major compulsory revisions.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Not specifically.

8. Do the title and abstract accurately convey what has been found?
   Yes.

9. Is the writing acceptable?
   Yes.