Reviewer’s report

Title: Impact of surgical technique (open vs. laparoscopic) on pathological and long term functional outcomes following radical prostatectomy

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Reviewer: Akira Miyajima

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Several systematic reviews have shown LRP is superior than RRP or that they are at least comparable in terms of functional and oncological outcomes (Eur Urol 55: 1037, 2009, 62: 405, 2012).

The authors mentioned, “Surgeon experience is more relevant than surgical technique applied.” I guess this means it depends on a learning curve. However, they responded, “This study was not designed to address the learning curves or complications within our patient population.” PSM also seems different according to surgeon experience. Unfortunately they haven’t shown that. PSM is a quite strong predictor for biochemical failure. They need to show analysis of recurrence.

They responded, “Fewer LRP patients received a nerve sparing treatment, which might be associated with preoperative patient selection and the technically difficult nature of nerve sparing in LRP.” This is definitely a bias. What kind of case chooses NVB spare? RRP 80% cases underwent NVB sparing while lower than 50% of LRP cases did. This looks strange. I believe this bias affects functional and oncological outcomes including recurrence rate and PSM.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: NO