Reviewer's report

Title: An easy and effective way to classify prognostic comorbidity in candidates for radical prostatectomy.

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Reviewer: Charles Rosser

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This is an interesting article entitled ‘An easy and effective way to classify prognostic comorbidity in candidates for radical prostatectomy’ by Froehner et al. In this article the authors set out to use a moderate size retrospective database to query the prognostic value of several co-morbidity scales (e.g., ASA, etc.). The authors were able to demonstrate that Charlson score, ASA and BMI could predict survival after RP. Overall this is an interesting paper. Will modifications/additions and greater attention to grammar, this could be a nice paper. Below is a point by point critique of the manuscript.

TITLE: No issues

ABSTRACT: Write out the number 74 when starting a sentence.

BACKGROUND: Is quite sparse and thus does not lead the reader into the project as well as it could. Considering adding another paragraph and state the need to better prognosticate.

MATERIALS AND METHODS: Please state a waiver of consent was obtained (if it were obtained). Write out the number 74 when starting a sentence. As you state there was a low number of PCA death events and ~10% of all patients died (This is marginal. If larger denominator with 10% then its acceptable, thus everything else within the manuscript must be of the highest quality. As the authors state, one of the weakness of the manuscript is its retrospective nature, which could add error/bias into reporting co-morbidity index.

RESULTS: So Table 1 shows 2 groups while table 2 shows tertiles. Thus the tables present the same data in slightly different tones. Table 1 is redundant and can be omitted. Similar table 3 looks to combine significant factors from table 1 and table 2. Is this correct? Then if so how come in table 1 BMI has a HR of 1.69 while in Table 3 it has a BMI of 1.47?

DISCUSSION: In last paragraph it states bladder cancer. This should be prostate cancer. Please describe how this data can be used to counsel patients pre-operatively. So should we always use Charlson, ASA and BMI? Ideally we need something to tell us which low risk patients to operate on. However on the flip side, this study may shed light on which low risk patient we should not operate on because of a high risk of dying from another (i.e. non-PCa) cause.
REFERENCES: No issues

TABLES: See above comments. Perhaps add a table describing demographic and clinicopathologic characteristics of your patient population.

FIGURES: Figure 1 and 2 are ok. Figure 3 is a little more challenging to interpret. What does the 7-60 in the right hand corner mean? And how were the points/event calculated again?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.