Reviewer's report

Title: Should we perform longer follow-up in patients with initially diagnosed low-grade, Ta non-muscle invasive bladder tumors?

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Reviewer: Scott Delacroix, Jr.

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

2. Are the methods appropriate and well described?
   YES (slight clarification on syntax)

3. Are the data sound?
   YES but needs smoking/tobacco data

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?
   Average

6. Are limitations of the work clearly stated?
   NO

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   YES

8. Do the title and abstract accurately convey what has been found?
   NO

9. Is the writing acceptable?
   Average

1. (minor essential revision) First sentence in abstract: should remove the word “and”. We retrospectively reviewed 190 patients with primary low grade Ta Bladder cancer. Would also make this change in the first sentence of the discussion.
2. (minor essential revision) Histology: is the histology Ta transitional cell carcinoma?

3. (minor essential revision) Results: First paragraph #last sentence: was significantly higher than that for multiple tumors (45.9%, p=0.001) (Figure 1A) and also higher for patients not receiving intravesical instillation (71.3% v 50.3% with IVI, p=0.007) (Figure 1B)

4. (Major revision) Second sentence, second paragraph results section: “WP to high grade pTa, pTis, any grade and pT1, or concomitant CIS of bladder was seen in 4, 8 or 5 patients. “ This sentence does not make sense. Be careful with “and” and “or”. This sentence describes 4 groups but reports on only 3 numbers.

5. (major revision) Specifically when looking at late recurrences, data on smoking history (continued) would be very important in determining whether these recurrences were actually secondary to the risk imposed by the initial diagnosis or of continuing environmental insult.

6. (major revision) Discussion should be more general. Currently, the discussion is a synopsis of brief sentences describing prior retrospective literature. This could be significantly improved.

7. (major revision) Need to discuss smoking status

8. (major revision) The conclusion should more closely match the results. It appears that the overwhelming majority of patients (>85%) will not recur after a 5 year disease free interval. Unfortunately, no specific risk factors were identified in this study to help guide longer follow up in the small proportion destined to recur. Again, smoking status prior to and after initial diagnosis would be important in determining the “true non-modifiable risk” of recurrence. The data showing less than 15% of patients having a recurrence (mostly low risk) does not necessarily support the conclusion “suggesting a need for longer term follow up”.

Level of interest: An article of limited interest

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

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

Declaration of competing interests:

I declare that I have no competing interests.