Reviewer's report

Title: Ultra-early versus early salvage hormonal therapy for post-prostatectomy biochemical recurrence in pT2-4N0M0 prostate cancer

Version: 3 Date: 9 July 2014

Reviewer: Makito Miyake

Reviewer's report:

<Summary>
This study assessed the clinical benefit of ultra-early salvage hormone therapy in the comparison with early salvage hormone therapy. There are several limitations in this study including that this study is retrospective and description of method and result is inaccurate and insufficient.

<Comments>
Major Compulsory Revisions

1) This study doesn’t mention about salvage radiotherapy for recurrent disease. How many patients received salvage radiotherapy in the cohort, 855 patients? What is the first choice for salvage treatment for recurrent disease, hormone therapy or radiotherapy? Hormone therapy is known to be harmful to men’s health. If possible, we should avoid hormone therapy and select radiotherapy instead of hormone therapy.

The authors should explain this issue.

2) This study is retrospective. The reviewer had a feeling that the patients receiving ultra-early salvage hormone therapy had more progressive and advanced prostate cancer compared to those receiving early salvage hormone therapy. However, that’s not the case. What is the criteria for selecting ultra-early salvage hormone therapy (FPE positive, pT2<, RM positive, nodal metastasis positive etc)? We should not treat patients with hormone therapy if recurrence risk is low. The authors mention that it depended on the clinician’s definition. It seems ultra-early salvage hormone therapy is not widely-accepted therapy, but many patients received it.

The authors should explain this issue.

3) What it the hormone therapy performed in the cohort? MAB, LHRH monotherapy or anti-androgen monotherapy?

4) What is the start point for prognosis analysis?

5) The author should assess QoL of these two groups.
Level of interest: An article of limited interest

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