Author's response to reviews

Title: Black and White Men Younger than 50 Years of Age Demonstrate Similar Outcomes After Radical Prostatectomy

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Version: 4 Date: 30 October 2014

Author's response to reviews: see over
Reviewer's report

Title: Black and White Men Younger than 50 Years of Age Demonstrate Similar Outcomes After Radical Prostatectomy

Version: 3
Date: 26 September 2014

Reviewer: Heinric Williams

Reviewer's report:

I applaud the authors with a very insightful manuscript. It was a well thought out proposal with an appropriate background and an honest review and discussion of their data. While the data is not necessary novel, it demonstrates something that we implicitly believe, that is, early diagnosis and treatment of prostate cancer will yield good outcomes. They have tackled a unique patient population, that is, men below 50 years of age. When the average age of diagnosis is in the low 60y, knowing what happens to men below 50 y has implications for when screening should begin. Recently, the AUA changed their recommendation to begin screening from starting at age 40 to now 55 -69y based on the EORTC data. However, while not specifically addressed by this manuscript, it has implications about the age at which screening should begin.

To more appropriately address the findings of this article, the authors are suggesting that while the disease is organ confined, appropriate timing of management may mitigate the apparently more biologically aggressive disease seen in black men. However, when the disease becomes extraprostatic, the biology of the disease in black men dictates their poorer biochemical free survival as shown here and in other studies. Interestingly, despite white men having more advanced disease (more non organ confined and higher extraprostatic extension) at presentation, they appeared to have a better biochemical survival. As the authors honestly pointed out, their sample size of black men with recurrences was low. Nevertheless, I agree with their concluding remarks.

We thank the reviewer for his kind and thorough remarks.

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

Quality of written English: Acceptable

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'
Reviewer's report

Title: Black and White Men Younger than 50 Years of Age Demonstrate Similar Outcomes After Radical Prostatectomy

Version: 3 Date: 6 October 2014

Reviewer: Zachary Klaassen

Reviewer's report:

Moses et al. reported their outcomes of 551 white and 99 black patients ≤ 50 years of age with prostate cancer who underwent RP at a large tertiary referral center. They found that in these young men had similar bRFS with pathologically confirmed organ confined disease, however there may be a greater risk of BCR among black men with locally advanced disease compared to white men. This is a well-designed study. Although the sample size is somewhat small and the number of 'events' is small, this study is coming from a large, world-renowned cancer center, which garners significant additional merit for a study with this very specific cohort. The conclusion given, that young black men that receive RP have comparable outcomes to young white men who receive RP, is appropriately stated and well reasoned. The authors do mention two additional points -- (i) these young black men still have potentially more aggressive tumors as suggested by a greater risk of BCR among black men with locally advanced disease, and (ii) that black men, in general, are less likely to receive RP as definitive therapy compared to white men.

1) Major compulsory revisions - None

2) Minor essential revisions -
   (a) Methods - there is no mention as to what statistical test(s) were used for Table 1. ie. Chi-square, ANOVA, t-test, etc. Please provide

   Thank you for pointing this out this important omission. We have revised the Methods section to read as follows: “For univariate analysis, we utilized the t-test for continuous variables, and Chi-square analysis for categorical variables.”

   (b) Results - Line 143: the authors mention that there were no differences between the two groups with regards to comorbidity. However, looking at Table 1 for CCI the p-value is 0.04. This is significant. Please explain/adjust in the results. If this is in fact actually significant, I would consider adjusting for CCI in the model listed in Table 2

   The reviewer is correct that we mis-stated this. We have changed the sentence to read, “Black men did have significantly higher preoperative PSA (6.1 ng/ml vs. 4.7 ng/ml, p=0.004)), and a greater percentage of Black men had CCI >2; however, there were no differences in median age at surgery, or biopsy Gleason grade.”

   (c) Abstract Methods line 38 -- would add "We identified 551 white and 99 black men at a tertiary care center who underwent..."
We have made this change in the abstract.

(d) Abstract Conclusions line 51 - would add "In this single institution study, there does not appear to be..."

We have made this change in the abstract.

(e) Abstract Conclusions line 54 - would add "among black men with locally advanced..."

We have included this in the abstract.

(f) Results line 143 - would make a mention that there were no differences for pathologic characteristics among the two groups.

Thank you for highlighting this point. We have added a sentence at the end of the first paragraph of the Results section. It reads, “There were no significant differences in overall pathological characteristics between the two groups in terms of Gleason score, extracapsular extension, lymph node involvement, or seminal vesicle invasion.”

Discretionary Revisions - none

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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