Author's response to reviews

Title: Retroperitoneoscopic radical nephrectomy with a small incision for renal cell carcinoma: Comparison with the conventional method

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Author's response to reviews: see over
Dear Editors:

Enclosed please find our manuscript entitled, “Retroperitoneoscopic radical nephrectomy with a small incision for renal cell carcinoma: Comparison with the standard method” revised version, which I am submitting for publication in Journal of negative results in biomedicine as an original adult article.

I think that Journal of negative results in biomedicine is one of the most reliable journals particularly for the assessments of surgical procedures.

This manuscript does not contain any data that have been published or been submitted for publication elsewhere, and its contents have not been presented in whole or in part at society meetings, etc. I attest to the fact that all of the authors have read the manuscript, have attested to the validity and legitimacy of the data and its interpretation, and have agreed to its submission to Journal of negative results in biomedicine for publication.

I hope that you find our manuscript suitable for publication in Journal of negative results in biomedicine.

Dear reviewer 1

Thank you for your correct point out. I think my article got better owing to your comment, so I’m very happy now.

Sincerely yours,
Hiroki Ito


**Introduction:**
1. The paragraph in the introduction describing the so-called A-method should be transferred into the “materials and methods” section.
→Yes, we did.

**Methods:**
2. The “B-method” needs to be described more clearly. What may be standard in the authors’ institution is not necessarily standard worldwide.
→Certainly, “the standard” was not suitable. “The conventional” was more suitable. All procedures were performed with laparoscopic instruments in the conventional method. We added the description about the conventional method in this article.

3. The material and methods section contains results of the procedure (like weight and BMI) which should be transferred to the results section.
→Yes, we did.

4. The sentence “...in T2-T3a renal cell carcinoma even if it is T1....” Is misleading. I think the authors mean something like: “In T2-T3a renal cell carcinoma as well as in T1 tumours located dorsally, a laparoscopic (transperitoneal) approach is preferred”. This would be clearer.
→We changed the sentence as you said.

**Results:**
5. Please report postoperative pT classifications for both groups. Regarding percentages, decimals should be avoided for small sample sizes of less than 100 patients.
6. How many patients had benign tumours in each group? Obviously, these are listed among “other” in the table, but should be described.
→We improved the table.

7. Duration of the procedure: Are the reported durations the complete OR times or just duration of surgery itself? In the latter case, the duration seems to be rather long. This should be discussed,
→It is just duration of surgery itself. Our institution was public university hospital, so our operation should be tools of education for some fellowships, nurses and other medical staffs. For example, we had to stop the operation when we let others see some procedures of surgery. Our record of operation duration might not be fast.

and the authors should report their own experience of duration of surgery with a transperitoneal laparoscopic approach and compare it with the retroperitoneoscopy. Based on these results, the authors should state why they favour the retroperitoneal approach for the smaller tumours.
We decided the way of operation according to the criteria applied in our hospital for selecting the surgical method for renal cell carcinoma. The main indication for retroperitoneoscopic radical nephrectomy for renal cell carcinoma is T1N0M0 renal cell carcinoma. In T2-T3aN0M0 renal cell carcinoma as well as in T1 tumours located dorsally, a laparoscopic approach is preferred. That’s because we thought that laparoscopic approach caused peritoneal adhesion more than retroperitoneoscopic approach.

Discussion:
8. Based on the data (no difference between both approaches) it is incorrect to state that one method is safer than the other.
→I think so. We stated that the A method could be safer in this revised manuscript as below.

In this study, there was no difference in surgical outcomes between the A method and the B method for renal cell carcinoma. Since there was no difference in the outcomes between the A method at the time of introduction of retroperitoneoscopic surgery and the B method when the staff had become familiar with retroperitoneoscopic surgery, it was indicated that the A method could be safer.

9. In addition, the fact that no difference was noted between both groups might be related to a lack of statistical power in such a small sample size. This needs to be discussed.
→We had discussed.

10. A mean tumour size of 4cm is relatively small to indicate radical nephrectomy upfront. The authors should clarify why they did not consider partial nephrectomy why would have been applicable in a substantial number of cases.
→Recently open partial nephrectomy or laparoscopic partial nephrectomy is more frequently performed in the treatment of T1a renal cell carcinoma in our hospital 7). We had reported in the 7) references article about partial nephrectomy in our hospital.

Tables:
11. The infiltration pattern as listed in table 2 is not a uniformly applied standard parameter. It should be explained in the methods, or if not possible due to word count limits, this classification could be deleted, since it does not add relevant information.
→We deleted.
Sincerely yours,
Hiroki Ito

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