Reviewer’s report

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

Version: 1 Date: 9 February 2011

Reviewer number: 1

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The authors present a single-centre experience comparing two methods of retroperitoneoscopic nephrectomy for clinical T1 tumours.

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

Methods:
2. The “B-method” needs to be described more clearly. What may be standard in the authors’ institution is not necessarily standard worldwide.
3. The material and methods section contains results of the procedure (like weight and BMI) which should be transferred to the results section.
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.

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.
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, 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.

Discussion:
8. Based on the data (no difference between both approaches) it is incorrect to state that one method is safer than the other.
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.

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.

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.

**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.