Reviewer's report

**Title:** Active Surveillance of prostate cancer: A questionnaire survey of urologists, clinical oncologists and urology nurse specialists across three cancer networks in the United Kingdom

**Version:** 4

**Date:** 3 February 2015

**Reviewer:** Girish Kulkarni

**Reviewer's report:**

The authors report on variation in criteria, follow up, indications for intervention and resource utilization for active surveillance (AS) patients in 3 cancer networks in the UK. The methodology used is survey design.

This study is interesting in that it characterizes much of the variability and heterogeneity in AS practice that is occurring worldwide. An understanding of the distribution of variables is required before a true consensus statement can be assembled.

Nevertheless, there are a number of issues that need to be addressed before being considered for publication.

**Major Compulsory Revisions**

1) The methodology is survey design. The paper is based on 35 respondents, which is a very low number. This needs to be addressed as a limitation of the study.

2) There is no mention of limitations in the discussion. A full paragraph needs to be added. In addition to the above, other limitations that need to be addressed are the fact that the study was UK-specific (i.e. only from a segment of the NHS) and that the respondents were primarily academic-site based. It is likely that there is even more AS heterogeneity outside of the academic setting.

3) I believe the focus on resource implications is irrelevant and stressed too much. These patients, in the past, received radical therapy (RP or XRT), so removing these treatments for the vast majority of AS patients will save the system money even if repeat biopsies and screening MRI’s are required. A balanced discussion needs to be made. The true costs/savings can only be concluded with a well-done cost-effectiveness study. Please tone down the discussion on the costs and resource implications of AS. It is difficult to extrapolate resources based on a survey of 35 health care workers.

4) Although the NICE has recommended multiparametric MRI for AS patients (Table 1), this is not universally recommended. Please make note of this as AUA and EAU guidelines are not so prescriptive.

5) The first two statements of the discussion are not linked. Even though the trials have not demonstrated great impact of radical therapy for AS patients,
outcomes of these trials will not impact the incidence of low risk prostate cancer. These phenomena (incidence vs treatment) are mutually exclusive. If anything, with decreased screening, the incidence of low risk prostate cancer will probably decrease with time. Please modify these statements.

6) Page 9, line 182 states that AS resourcing is poor with only 3% of respondents having dedicated AS clinics. I would argue that a dedicated AS clinic is unnecessary given that these patients are not difficult to follow. In fact, their follow up is not so different than radically treated prostate cancer patients….are there post-radical therapy specialized clinics in the UK? Furthermore, implementing specialized clinics may increase costs/resources. Please provide some evidence that a specialized AS clinic can impact outcome or resource utilization or remove this statement.

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'