Author's response to reviews

Title: Diagnostic outcome of ureterscopy in urothelial carcinoma of the upper urinary tract: Incidence of later cancer detection and its risk factors after the first examination.

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Author's response to reviews:

Professor Hayley Henderson
Executive Editor
BMC Urology
Dear Professor,

Thank you very much for your thoughtful letter. We have revised our paper as suggested by Editor and Referee 1. In the following revision letter, we address the points one by one.

We gratefully appreciate the thoughtful and constructive comments made by these reviewers. We hope that our paper has been improved by these revisions and proofreading by a native English speaker, and look forward to hearing from you at your earliest convenience.

Sincerely yours,

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Reply to the Editor.

Please update your ethics statement to include the name of the ethics committee that approved your study.

The name of ethics committee is Institutional Review Board of Hokkaido University Hospital for Clinical Research. We described it in the revised manuscript.

Reply to the Referee 1.

1. Regarding reasons for referral for endoscopy it would be beneficial if patients with more than one indication (for example: macrohematuria and radiological findings) be assigned to separate group “multiple indications”.

We appreciate the referee’s comment. In the present study half of the patients (n=83) underwent diagnostic ureteroscopy due to multiple reasons any of radiological abnormal findings, cytological findings, or macrohematuria. Subdividing results were as follows.

- Abnormal radiological finding only 39 (23.5%)
- Abnormal cytological finding only* 21 (12.7%)
- Macrohematuria only 13 (7.8%)
- Multiple reasons any of the above 3 indications 83 (50%)
- Missing information 10 (6%)

We added these information in new Table 1.

2. Discussion section: page14, line 11. Authors state that UC of the UTT is detected in 6 of 65 patients for whom follow-up is available. Since authors consider case 2 to be misdiagnosis at the time of the first ureteroscopy, it should be more correctly to estimate detection rate as 5/65.

We appreciate the referee’s comment. At present, we have a feeling that “UC of the UUT carcinoma was missed at the first examination.” was an overstatement. In the revised manuscript, we rewrote the description as follows.

Page 15, lines 14, 15

“UC of the UUT might be missed.”

Although we might miss UC of the UUT in case 2, we consider that such a situation is also important, where it reflects the pitfall of diagnostic ureteroscopy. We would like to describe the detection rate of 6/65.