Author's response to reviews

Title: A comparison of supracostal and infracostal access approaches in treating renal and upper ureteral stones using MPCNL with the aid of a patented system

Authors:

Difu Fan (fandifu@126.com)
Leming Song (xdh888@yahoo.com)
Donghua Xie (xdh888@hotmail.com)
Min Hu (gzshm2005@126.com)
Zuofeng Peng (pzf5201@163.com)
Tairong Liu (tttrong@126.com)
Chuance Du (duchuance@163.com)
Lufeng Zhu (doctorzlf@sohu.com)
Lei Yao (yaoshisan4@163.com)
Jianrong Huang (119220468@qq.com)
Zhongsheng Yang (zhongshengyang@126.com)
Shulin Guo (gshul2007@163.com)
Wen Qin (qinwen1964@126.com)
Jiuqing Zhong (ddh418@gmail.com)
Zhangqun Ye (zhangqun_ye@yahoo.com.cn)

Version: 3
Date: 15 July 2015

Author's response to reviews:

July 14th, 2015
Editor, BMC Urology

Dear Editor,

On behalf of all the co-authors, please find a revised manuscript entitled “A comparison of supracostal and infracostal access approaches in treating renal and upper ureteral stones using MPCNL with the aid of a patented system” submitted to your prestigious journal BMC Urology. All the authors have agreed with the contents and the data are original without publishing in any other places. There are no competing interests.

The things we have made changes per the reviewers’ comments are as below:

Reviewer1’s report

Title: A comparison of supracostal and infracostal access in treating renal and upper ureteral stones using MPCNL with the aid of a patented system
Date: 11 May 2015
Reviewer: Mohamed Keheila
Reviewer's report: Major Compulsory Revisions I appreciate the effort made in writing this study. I have few comments and questions.

What is the type of the study I mean is it prospective or retrospective?
Thank you, it is a retrospective study. We have added a sentence in the Method section to clarify.

There is no any data about patient's demographics BMI, mean Hemoglobin level, comorbidities...
Thank you for pointing out this. We have added demographic data including BMI, mean age, mean hemoglobin level into Table 1. Regarding co-morbidities, we stated this way in the original writing: All patients with hypertension, diabetes, abnormal heart and lung function, or patients who were too obese to tolerate a prone position during surgery were excluded.

What is the percentage if patients with staghorn stones in each group?
Thank you for pointing this out. We have added this data into Table 1 with comparison.

The authors didn't mention any data about complications other than pleural injury what about other complications and why didn't mention the complications according to Clavien grading system.
Thank you for pointing out this. We have added more data on this and done a comparison according to Clavien classification.

How did the authors calculate the operative time?
Thank you for the question. We divided this to two parts for comparisons including time in establishing the percutaneous tract and stone clearance time (From the beginning of stone clearance to the end of the nephrostomy tube indwelling).

How did the authors define the stone free rate?
Thank you for the question. No residual stones > 4mm by postoperative KUB or CT, as we mentioned in Method section.

Most of paragraphs under the title (general data belongs to the results not materials and methods).
Thank you for pointing this out. We have changed most of the general data to Result section.

Level of interest: An article of importance in its field
Thank you!

Quality of written English: Needs some language corrections before being published.
We have done significant work on language corrections as highlighted
Reviewer 2's report
Title: A comparison of supracostal and infracostal access in treating renal and
upper ureteral stones using MPCNL with the aid of a patented system

Date: 21 May 2015
Reviewer: FILIPPO MARIA M TURRI

Reviewer’s report: With this work the authors have demonstrated the feasibility of the upper caliceal system puncture using their patented system, confirming what is already known from literature (Comparison of supracostal versus infracostal percutaneous nephrolithotomy using the novel prone-flexed patient position. Honey RJ, Wiesenthal JD, Ghiculete D, et al. J Endourol. 2011 Jun;25(6):947-54. The safety and efficacy of PCNL with supracostal approach in the treatment of renal stones. Mousavi-Bahar SH, Mehrabi S, Moslemi MK. Int Urol Nephrol. 2011 Dec;43(4):983-7.). upper pole puncture is feasible, safe and has a comparable stone clearance rate with the known advantages of this approach in selected cases. What’s is interesting is the new device used and the advantages the authors describe. Would be nice to know if there is any advantage also in terms of costs.

Thank you for the comments. We used one of these 2 references in the original writing and have added the other one as a reference for the revised manuscript. In terms of cost advantage, so far we only have comparison between MPCNL using the patented system and regular URS for impacted upper ureteral stones (Urology. 2012 Dec;80(6):1192-7). I agree it would be a good idea to do future study to compare the cost differences between our MPCNL and regular MPCNL, and between our MPCNL and PCNL using standard sized percutaneous tract.

Level of interest: An article of importance in its field

Thank you!

Quality of written English: Needs some language corrections before being published
We have done significant work on language corrections as highlighted

Thank you for your consideration!

Sincerely,

Leming Song, MD
Department of Urology
The Affiliated Ganzhou People’s Hospital of Nanchang University
17 Hongqi Avenue, Ganzhou
Jiangxi 341000, China
Tel (011-86) –797-8120226
Fax (011-86) –797-8112320
Email xdh888@yahoo.com