Author’s response to reviews

Title: Retroperitoneal laparoscopic partial nephrectomy with segmental renal artery clamping for cancer of the left upper calyx: a case report

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Reviewer #1

Comments: It is an interesting and well described clinical case. I want to point out some points:

- It is not a simple procedure available to everyone: feasible, as the authors have showed, but a technique also needs to be reproducible

- The CT images would be better if an urographic phase is added

- Would be interesting to have some intraoperative pictures detailing the steps above mentioned

- What is the risk of tumor spillage and seeding with this technique? Obviously this is just a single case. Would be interesting to know if any other cases have been treated in the same way or if the majority of patients in this same situation has been treated endoscopically. If so, would be nice to know why in this case the authors opted for this approach.

Authors’ response: Thanks for your considerate and professional advice. Here are our responses.

- This technique (retroperitoneal laparoscopic partial nephrectomy with segmental renal artery clamping) was pioneered by our team and has been routinely carried out in our department.
After long-term promotion and verification, this technology has been proved to be safe and effective. (Revision: Discussion section, line 123-126, page 6)

- Sorry to inform you that we failed to find the urographic phase CT images.

- It’s a pity that the operation video has been lost because of computer system reassembly.

- The indication for this operation is superficial low-grade cancer of the renal pelvis that is localized to one particular calyx. Due to the strict indication, there are not many patients who meet these requirements. Therefore, we have not been able to carry out this operation method extensively for patients with renal pelvis carcinoma. There do exist risk of tumor spillage and seeding. In this case, to prevent cancer spillage or seeding, we suggest guaranteeing the resection range be sufficient and avoiding touching and squeezing the tumor. When the tumor is cut off, immediately put it into a specimen bag and then suture the wound. At last, we could flush the surgical area with sterile water. (Revision: Discussion section, line 134-138, page 7)

Reviewer #2

Comments: Any comments on how to prevent cancer spillage or seeding during partial nephrectomy for UCC?

Authors’ response: Thank you for your valuable suggestions. In this case, to prevent cancer spillage or seeding, we suggest guaranteeing the resection range be sufficient and avoiding touching and squeezing the tumor. When the tumor is cut off, immediately put it into a specimen bag and then suture the wound. At last, we could flush the surgical area with sterile water. (Revision: Discussion section, line 134-138, page 7)