Author’s response to reviews

Title: Combined bladder neck preservation and posterior musculofascial reconstruction during robotic assisted radical prostatectomy: effects on early and long term urinary continence recovery.

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Detailed answers to all the observations is provided below.

Reviewer 1

1. The initial sample size was 292 patients but just 232 of them were available for the phone interview and clinical recall. (Abstract paragraph pg.4 lines 7-9)

2. Robotic procedures were initiated in 2007 and by 2009 the learning curve was over. Initially there was limited access to robotics and the great majority of cases were underwent open surgery. Subsequently two additional robots have been acquired and the percentage of robotic procedures increased significantly. The case included in the present study start from 2009.

3. This is a case control study, thus the surgical procedures had not been planned prospectively but just analyzed retrospectively. Case control studies do not include patients randomization but describe a retrospective clinical “picture” of different series of patients.

4. Differences in comorbidities, ASA score and medications, did not influence the postoperative functional results, focused on continence outcome. Patients with significant perioperative complications were excluded. (see the Abstract paragraph pag.4 lines 18-21, pag.6 lines 5-6, pag.7 lines 18-23)
5. Adjuvant radiotherapy was performed 13.7%, 30% and 12.3% of patients in the RRP+BNP, RARP, RARP+BNP+PRec groups respectively, at least six months after surgery. The continence status was unaffected by adjuvant radiotherapy in comparison with that observed after surgery. (pag.8 Lines 18-20)

Reviewer 2

1) This is a retrospective case control study on 3 different groups of patients. Open surgery was performed predominantly during the first period of time due to reduced robotic access. The bladder neck sparing technique was adopted in order to improve the continence mechanisms. Robot-assisted radical prostatectomies were increasingly performed in the late period when the Da Vinci robot was easily available. Different techniques for demolition and reconstruction were adopted according with two different philosophies of surgical approach. These different techniques were compared at long term follow up to obtain information on the potential impact of bladder neck sparing and posterior reconstruction technique and plan future prospectively designed randomized studies.

2) This is a case control study. This is the reason because the number of recalled patients was described in the method paragraph. We provided adequate corrections in the Abstract methods and some of the results obtained highlighted. (Abstract paragraph lines 7-10, lines 31-32)

3) We erased all the entire line since it was redundant and a missprint. (pag. 5 line 37)

4) This study was conducted by two different Urology units working in the same tertiary care medical center. (pag 6 lines 1-2)

5) The number of bladder neck positive margins in BNP patients was 0%. This data can be justified by a more accurate selection of patients in the group treated by BNP and posterior reconstruction in comparison with those treated by simple RARP. The relative results have already been described in the text and tables.

6) All the patients were retrospectively investigated regarding the continence status prior of the surgery. None of them reported incontinence, while BOO and bladder hyperactivity were present.

The lack of preoperative urodynamics is mentioned by us in the potential limitations of the study, but its performance would have been rather complicate in our clinical setting. (Results paragraph pg.7 lines 24-26).
7) The present study includes only patients who did not require bladder neck reduction due to wide caliber (grade 1 according to Lee et al). Moreover, since these authors failed to demonstrate differences in continence outcome between the various grades of bladder neck preservation at 1 year postoperatively, and the present study has a mean follow-up over two years, we did not stratify patients according to these parameters. (Page 6 lines 18-20)

8) We performed on table 1 the suggested corrections. (Tab.1)

9) The revised manuscript underwent stylistic improvement by a native English speaker.

10) Adjuvant radiotherapy was performed 13.7%, 30% and 12.3% of patients in the RRP+BNP, RARP, RARP+BNP+PRec groups respectively, at least six months after surgery. The continence status was unaffected by adjuvant radiotherapy in comparison with that observed after surgery. (Page 8 lines 18-20).