Author’s response to reviews

Title: Intravesical prostatic protrusion is a predictor of alpha blockers response: results from an observational study

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Author’s response to reviews:

Dear Editor in Chief of BMC Urology,

Please find enclosed the revised version of the manuscript entitled “Intravesical prostatic protrusion is a predictor of alpha blockers response: results from an observational study”.

We thank the reviewers for their interesting comments that can help us in further improve the quality of the paper. All the points raised by the reviewers have been addressed and substantial changes to the manuscript have been made.

Below You can find a point-by-point response letter.

Waiting for a reply at Your convenience I remain

Yours sincerely

Luca Topazio, on behalf of all authors
Editor Comments:

Thank you very much for your submission to BMC Urology. We would now be grateful if you could revise your manuscript according to the reviewer reports below. Please provide a point-by-point response and indicate exactly where changes to the text have been made. Please also provide a version of the manuscript with all revisions indicated, either through the track changes function or through text highlights.

In addition to the revisions requested by the reviewers, we would be grateful if you could make the following editorial revisions:

1. Please provide all author email addresses in the title page.
   - All email addresses have been provided in the title page

2. In the ethics approval and consent to participate section of the declarations please provide a statement detailing why ethics approval was not required for your study.
   - It is an observational study and it has been provided a statement in the “ethics approval and consent section” detailing why ethics approval was not required

3. In the authors' contributions section please list the contributions of each individual author referring to each using their initials.
   - The authors’ contributions section has been completed
Reviewer reports:

Keong Tatt Foo (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

Comments on BURO-D-17-0054 IPP and Alpha Blocker.

1. In the abstract,

   i) Why the use of group a, b, or c instead of grade 1,2, and 3 for the comparison? Appear confusing.

   • It has been changed in the abstract

   ii) Uroflowmetry response to the alpha blockers by the grade of IPP is just as important, if not more so and should be mention in the abstract?

   • We agree with the reviewer’s comment; unfortunately, due to the wording limit for the abstract we were not able to insert this information in the abstract. Nevertheless, it is present in the results and discussed in the discussion section.

2. Intravesical prostatic protrusion (IPP) is due to not just the middle lobe (median lobe) but can be due to the lateral lobes as well. (ref: Luo GC, KT FOO, Kuo T, Tan G.

Diagnosis of prostate adenoma and the relationship between the site of prostate adenoma and bladder outlet obstruction Singapore Med J. 2013 Sep; 54(9):482-6.

   • We thank the reviewer for this comment; we added this citation and discussed it in the discussion section.

3. It is stated in the introduction that this study is for patients with prostate volume > 40ml, in the method, it is stated that patient with PV >30mls are included?
• We included in this study patients with prostate volume > 30 ml but the originality of this study is, in our opinion, to provide info also on patients with prostate volume >40 ml, excluded from previously published papers. We have changed the sentence in the introduction that was probably unclear.

Stephan madersbacher (Reviewer 2): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

This paper adds to the growing evidence that IPP is a relevant predictor for Treatment success.

The methods are well Chosen, the sample size seems adequate and the data clearly presented.

The major point of critique refers to the fact that all major Guidelines recommend a combination therapy of a-blocker and 5ARI in symptomatic patients with the risk of disease Progression, i.e. prostate volume >30-40ml. Hence the vast majority of patients in this study did not receive a Guideline conform therapy. This needs to be clearly stated in the discussion section.

• We thank the reviewer for this comment. We added this point to the discussion section. The aim of this study was to assess the efficacy of alpha-blockers in relationship to the IPP grade. The results of this paper could reinforce the indication of a combination therapy in this patients’ population.