Author’s response to reviews

Title: Level of invasion into fibromuscular band is an independent factor for positive surgical margin and biochemical recurrence in men with organ confined prostate cancer

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BMC Urology

Reviewer reports:

Kenneth Iczkowski (Reviewer 1):
Basically, I agree with the other reviewer as to the proper use of terminology. Particularly, the term extraprostatic extension does not have a "level." What you have is a "level of peripheral tumor invasion" or the authors can come up with a different term to call it. It is not capsular invasion since the term capsule is not relevant to the prostate and it is not a level of extraprostatic
extension because you either have extraprostatic extension (tumor in fat) or you do not. Therefore, the terminology still needs attention.

Gladell P. Paner (Reviewer 2):
To use the term "level of extra-prostatic extension" or "level of EPE" in this study is inaccurate and erroneous. If we review the classification by Wheeler et al. (PMID 2815420) or definitions for levels 0, 1 and 2 "capsular invasion" - NONE of the levels are extraprostatic extension. In fact, "confined to the prostate" is definitional for the highest level (level 2), an oxymoron to the term "level of EPE". Use of level of EPE can also be confused with the more recognized "extent of EPE" (focal or non-focal [established]) likewise originally proposed by Tom Wheeler (PMID 9712429) and is currently mandated by the College of American Pathologists (CAP) cancer protocol to be reported as a variable in RP with prostate cancers. I strongly suggest avoiding the term "level of EPE". Since the authors are clearly referring to the pseudocapsule and we are aware that the prostate has no true capsule, perhaps, the use of "capsule" in apostrophe is one approach for ease, as I originally suggested but with clarification in the text and methodology, or alternatively, use the terms "pseudocapsule" or "periprostatic fibromuscular tissue". A prior review had alluded to this study with knowledge that the prostate has no true capsule (PMID16019758), and may help the authors how to approach the terminology.

Thank you so much for the considering review.

Editor and reviewers recommended that the term “prostatic capsule” should be changed in the last major revision. Furthermore, reviewers in the 2nd revision suggested that the term “extraprostatic extension” was not correct in the research.

We totally agreed with the 2 reviewers’ opinion. Therefore, we discussed about that issue with Prof. Ro, Jae Yoon who was a famous urology-specialized pathologist (Department of Pathology and Genomic Medicine, Houston Methodist Hospital, Weill Medical College of Cornell University, Houston, TX, United States, 10065; JaeRo@houstonmethodist.org). Prof. Ro proposed that we need to use “fibromuscular band (FMB)” for that issue. Prof. Ro published one research paper about the issue “The prostatic capsule: does it exist? Its importance in the staging and treatment of prostatic carcinoma” (Am J Surg Pathol.). The authors suggested that we need
to use “fibromuscular band” instead of “capsule” and showed the reason for that. Dr. Paner (Reviewer 2) also recommended to use fibromuscular band.

As a result, we revised all terminology in manuscript including title.

Page 7, last paragraph, 1st sentence - please revise the sentence and clarify that those enumerated are limitations of the study. The sentence seems to state that the "study featured a critical reproducibility of the results" which has not been shown.

Thank you again. We revised the sentence like below.

The present study had a retrospective design and relatively small sample size, and there were other limitations, such as a critical reproducibility of the level of invasion into FMB.