Author’s response to reviews

Title: Kidney stone formers have more renal parenchymal crystals than non-stone formers, particularly in the papilla region

Authors:
Atsushi Okada (a-okada@med.nagoya-cu.ac.jp)
Shuzo Hamamoto (hamamo10@med.nagoya-cu.ac.jp)
Kazumi Taguchi (ktaguchi@med.nagoya-cu.ac.jp)
Rei Unno (unno@med.nagoya-cu.ac.jp)
Teruaki Sugino (suginot@med.nagoya-cu.ac.jp)
Ryosuke Ando (ryo@med.nagoya-cu.ac.jp)
Kentaro Mizuno (kmizuno@med.nagoya-cu.ac.jp)
Keiichi Tozawa (toza@med.nagoya-cu.ac.jp)
Kenjiro Kohri (kohri@med.nagoya-cu.ac.jp)
Takahiro Yasui (yasui@med.nagoya-cu.ac.jp)

Version: 3 Date: 03 Mar 2018

Author’s response to reviews:

March 3, 2018

Riccardo Galli, M.D.
Associate Editor
BMC Urology
Dear Editor:

Thank you for your letter dated December 27, 2018 regarding our manuscript (BURO-D-17-00226R2) entitled "Kidney stone formers have more renal parenchymal crystals than non-stone formers, particularly in the papilla region." with comments provided by the editor and reviewer. I hereby submit the revised version of our manuscript along with our responses to the editor and reviewers’ comments.

I hope that the changes made to the manuscript are satisfactory and I look forward to working with you and the reviewers to move this manuscript closer to publication in BMC Urology.

Thank you for your consideration.

Sincerely,

Atsushi Okada, M.D., Ph.D.
Department of Nephro-Urology
Nagoya City University Graduate School of Medical Sciences
1 Kawasumi, Mizuho-cho, Mizuho-ku, Nagoya 467-8601, Japan
Phone: +81-52-851-5511
Fax: +81-52-852-3179
Email: a-okada@med.nagoya-cu.ac.jp

Editorial Comment: Your manuscript "Kidney stone formers have more renal parenchymal crystals than non-stone formers, particularly in the papilla region" (BURO-D-17-00226R2) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am
pleased to inform you that it is potentially acceptable for publication in BMC Urology, once you have carried out some essential revisions suggested by our editors.

Response to the Editor:

Thank you for notifying us that our manuscript is potentially acceptable for publication in BMC Urology.

Editorial Comment 1: Thank you for the 'Ethics approval and consent to participate' statement. Can you please clarify whether you obtained written or verbal consent to participate from patients. Please make sure to provide these details in the ethics statement.

Response to the Editor:

In the ethics statement, we have added the sentence “All patients' written consent was obtained prior to the study.”

Editorial Comment 2:

On uploading your revisions, please remove any tracked changes or highlighting and include only a single clean copy of the manuscript.

Response to the Editor:

We have uploaded a revised version of our manuscript, which we carefully checked, in accordance to your instruction.
Reviewer’s Comment: As stated by the authors and by the other reviewer it's true that kidney cancer may be a confounding factor but with this limitation in mind it's still interesting to see this analysis.

What is difficult to me to be understood is: why T1a cancers where treated with radical nephrectomy? In the retrospective serie presented both in the stone former and in the non stone former group about 40% of cases were pT1a... And I believe this is overtreatment. Please specify the reason of this choice.

Response to the Reviewer: Thank you for your suggestion. In the Japanese clinical guideline for renal cancer, radical nephrectomy for T1a patients is still an option. However, since about 8 years ago, we have performed partial nephrectomy for almost all patients. The cases used in this study were performed from 2004 to 2010 before introduction of robot-assisted surgery, and radical nephrectomy was performed. Also during this period, laparoscopic partial resection was performed for T1a, but since this resected tissue has almost no kidney parenchyma, it cannot be the subject of this study and was therefore excluded. In the revised manuscript, we mentioned the period when the operations were performed in the Methods section.

Reviewer’s Comment: Moreover how can the authors explain that exactly 30 patients were stone formers and 30 were not? It is like saying that in people with kidney cancer 50% of the patients also have/have had stones, percentage that does not reflect real prevalence of stones.

Response to the Reviewer: We selected thirty people whose stones were identified in preoperative CT and thirty who had no stone and had no history, and we adjusted the age of the stone group. This is described in the Methods section. Thus, it does not mean that 50% of kidney cancer patients have stones. We hope that this point is clear now.