Author’s response to reviews

Title: Triptorelin Relieves Lower Urinary Tract Symptoms in Chinese Advanced Prostate Cancer Patients: a Multicenter, Non-interventional, Prospective Study

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Dear Dr. Henderson

We are so delighted to read from you regarding our manuscript number BURO-D-16-00296 entitled “Triptorelin Relieves Lower Urinary Tract Symptoms in Chinese Advanced Prostate Cancer Patients: A Multicentre, Non-interventional, Prospective Study”.

We are also grateful to the reviewers who have provided sound comments after a comprehensive assessment of our work. We would like to point out that, by chance, one of the reviewers is an Ipsen employee and that Ipsen is the sponsor of the present study, as disclosed in the manuscript. Vincent De Ruyter is an author on a similar study [Prostate Cancer, 2015;2015: 978194. doi: 10.1155/2015/978194.], and we presume that he was identified and chosen by the journal as a reviewer on this basis. We were unaware of this until we received the response from the journal. We note that his review is thorough and, having contacted Vincent, we understand that his employment status was disclosed at the time of review. We would like to confirm that the journal is happy to continue with the submission on the basis that peer review was conducted in good faith.

Based on the remarks, suggestions, concerns, and questions from both reviewers, our manuscript has been markedly improved. Please find below a point by point response to all reviewer comments.

We hope our revised manuscript will satisfy all editorial requirements and be published in your prestigious journal. We thank you in advance for the opportunity to contribute to your journal.

Please contact me with any further question regarding this manuscript.

Best wishes,

Dr. Gao
Editor Comments:

1. The Background section of the Abstract requires a sentence that will put this study into context, in addition to listing the objectives. Why is this study of interest/relevance?

Response: Thanks for this comment. We have provided a brief background for the Abstract.

2. STROBE guidelines

Please can you refer to the STROBE guidelines and provide a completed STROBE checklist to accompany your revised manuscript submission. Can you please include the text from the manuscript, which responds to each point on the checklist. This is so we can check that you have complied to the minimum standards required, making your manuscript reporting complete and transparent.

Response: Thanks for this request. We have provided a STROBE checklist.

Reviewer reports:

Francesco De Carlo (Reviewer 1):

The work is quite well covered and of sufficient logic. The Discussions are well documented and argumented. The Conclusions are clear and concise. The figures and the tables provide accurate information about the topic. On the other hand, there are some specific aspects that you can clarify before publication.

Response: Many thanks for the positive assessment of our work.

Results: unclear information on study population and application of exclusion criteria (see line 230-235 and figure 1)

-how many major protocol violations (120 or 72)?

Response: Thanks for this important remark. Indeed, there were 72 cases of major protocol violations, and this mistake has been corrected in the revised manuscript.

-what about patients with surgical history? Can we consider it a possible bias?

Response: This work was performed following the model of a global study published recently: Therapeutic Advances in Urology. 2015 Jun;7(3):116-24. We do not believe that a history of surgery would constitute a bias in this context.

Vincent De Ruyter (Reviewer 2):
132: please add ... has not yet been studied in this specific population

Response: Thanks very much. This has been added.

138: It should be stated in the methodology that patients could have had surgery in the past (is mentioned in line 248-251 but not clear in methods)

Response: Thanks for this suggestion, which was followed.

138: It is not clear if a combination therapy of radiotherapy and triptorelin was allowed during the study as this might also influence LUTS

Response: Thanks for this comment. No combination therapy of radiotherapy and triptorelin was used in the current study. And the principle of concomitant therapy was described in “Therapeutic regimen” section: “Patients received concomitant anti-androgen treatment to prevent flare up at treatment initiation according to locally accepted guidelines and standard practice”.

230: The author states that 25.4 % of the patients received concomitant medication. It is not clear whether this is bicalutamide or other medication that might influence LUTS such as 5-alpha reductase inhibitors or alpha-1 blockers

Response: Thanks for this remark. We have provided a description of various medications used concomitantly in the revised Results section. In addition, your important view was included as a study limitation.

234-235: I have questions regarding the conduct of this study since of the 398 patients that were included, 120 had major protocol violations

Response: Thanks for your comment. We apologize. Actually it was 72 instead of 120. This has been corrected in the revised manuscript.

303: No adverse events seems not possible, that means that of the 398 patients included, not 1 single person had flushes?

Response: Thanks for this important comment. To avoid confusion, we deleted the “safety” portion because safety outcomes were not collected because this was not an aim of this observational study. We agree with you that some adverse effects would be expected during normal treatment.
324: Perhaps not in the Chinese population but there have recently been several publications on this topic

Response: Thanks for this remark. We agree with you and have added the available reports.