Author’s response to reviews

Title: Literature review of the burden of prostate cancer in Germany, France, the United Kingdom and Canada

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Version: 2 Date: 12 Jun 2018

Author’s response to reviews:

Firstly, we’d like to thank the reviews for their review and comments. We have addressed the comments as detailed below and for clarity all changes to the manuscript have been made in blue text.

Editor Comments:

Study design: Please can you confirm the nature of your study design. This is not a narrative review as you have systematically searched the current publications to answer a research question. As such, this would qualify as a systematic review and we would encourage you to report it as such, and adhere to the PRISMA guidelines. The study design should also be highlighted in the title of the paper.

We have updated the title of the paper to reflect that our publication is a literature review.

However, we are reluctant the use the word “systematic” within the title or methods section. Although we have applied good practice and adhered to PRISMA guidance where possible (i.e. research questions and protocol were formulated, search strategies were designed and tested and run over three databases, screening was performed using pre-defined inclusion/exclusion criteria etc.) both first round screening of title and abstracts and second round full text screening and data extraction was only performed by one reviewer, therefore this means that our review does not meet the criteria for a systematic review.
In order to add more detail and transparency to the methods section we have included full details of the search strategies and number of hits in the supplementary appendix. However, if the reviewer requires more details or the protocol or study design we would be happy to add these.

Additionally, in order to reflect the most recent literature, we have added one sentence on page 7 that refers to the recently published PRECISION study by Kasivisvanathan et al. (NEJM 2018; May 10;378(19):1767-1777), which showed that MRI prior to biopsy was superior to detecting clinically significant cancer compared with standard transrectal ultrasonography-guided biopsy. In the previous round of peer reviewer, the reviewer suggested that we add in the increasing use of MRI in active surveillance, therefore we believe that the additional sentence on the PRECISION study is in line with previous reviewer feedback. Specifically, the following sentence has been added to para 1 on page 7:

“Indeed, findings from the recently published PRECISION trial showed that a strategy of MRI prior to MRI-targeted biopsy (if required) was superior to standard transrectal ultrasonography-guided biopsy in terms of detecting clinically significant cancer.”