Author’s response to reviews

Title: Robotic-Assisted partial nephrectomy with sequential clamping of segmental renal arteries for multiple ipsilateral renal tumors: initial outcomes

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Version: 1 Date: 12 Feb 2019

Author’s response to reviews:

BURO-D-18-00273
Robotic-Assisted partial nephrectomy with sequential clamping of segmental renal arteries for multiple ipsilateral renal tumors: initial outcomes
Jie Yang; Jia-dong Xia; Jian-xin Xue; Ning-hong Song; Chao Liang; Di Xi; Ya-ming Wang; Zeng-jun Wang
BMC Urology

Dear Dr. Wang,

Your manuscript "Robotic-Assisted partial nephrectomy with sequential clamping of segmental renal arteries for multiple ipsilateral renal tumors: initial outcomes" (BURO-D-18-00273) has been assessed by our reviewers. They have raised a number of points which we believe would improve the manuscript and may allow a revised version to be published in BMC Urology.

Their reports, together with any other comments, are below. Please also take a moment to check our website at https://www.editorialmanager.com/buro/ for any additional comments that were saved as
attachments. Please note that as BMC Urology has a policy of open peer review, you will be able to see the names of the reviewers.

If you are able to fully address these points, we would encourage you to submit a revised manuscript to BMC Urology. Once you have made the necessary corrections, please submit online at:

https://www.editorialmanager.com/buro/

A point-by-point response letter must accompany your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing exactly what amendments have been made to the manuscript text and where these can be viewed (e.g. Methods section, line 12, page 5). Please also ensure that all changes to the manuscript are indicated in the text by highlighting or using track changes. If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision.

Please also ensure that your revised manuscript conforms to the journal style, which can be found at the Submission Guidelines on the journal homepage.

A decision will be made once we have received your revised manuscript, which we expect by 03 Mar 2019.

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I look forward to receiving your revised manuscript and please do not hesitate to contact us if you have any questions.

Best wishes,

Robin L. Cassady-Cain, PhD
BMC Urology
https://bmcurol.biomedcentral.com/
Reviewer reports:
Giacomo Maria Pirola (Reviewer 1): In this paper, Authors report their initial experience with robotic selective clamping of segmental renal arteries for RAPN in cases of multiple lesions. A previous similar work by the same group has been published in 2017 using the pure laparoscopic technique. Even if the casistic is still initial, they show the feasibility of this technique for skilled robotic surgeons. The article is overall well written and the topic is interesting.
Re: Thank you for your kindly comments.
  My concern is why such small lesions are not approached clampless (with selective clamping just in case of bleeding).
Re: Thank you for your professional inquiries. Under the guidance of preoperative dual-source computed tomography (DSCT), all enrolled cases had at least two segmental renal arteries (SRAs) feeding different lesions. If only unique SRA feeding multiple lesions, the cases will be excluded from our cohort before surgery. Moreover, if there was excessive bleeding in the surgical field of vision, or clamping multiple SRAs could not obtain satisfactory ischemic area, conversion to main renal artery (MRA) clamping or open procedure was required. During our clinical study for cases with multiple ipsilateral renal tumors (MIRTs), we did find some MIRT cases unsuitable for sequential SRA clamping before surgery or in operation. Now we are collecting such MIRT cases undergoing MRA clamping to compare with those cases successfully undergoing sequential SRA clamping. These results coming from the comparison will be reported in our next article.
Follow your advice, we have added these sentences in the Discussion section “Moreover, during the NSS study, we did find some MIRT cases unsuitable for sequential SRA clamping before surgery or in operation. For instance, preoperative DSCT revealed only unique SRA feeding multiple lesions or clamping multiple SRAs could not obtain satisfactory ischemic area. Now we have been collecting such cases to compare with those successfully undergoing sequential SRA clamping, and the results from the comparison will be reported in our next article”

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS:
OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?
Yes - there is a clear objective
Re: Thank you for your professional comments.

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?
Yes - the approach is appropriate
Re: Thank you for your professional comments.

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?
Yes - experiments and analyses were performed appropriately
Re: Thank you for your professional comments.

Statistics - Is the use of statistics in the manuscript appropriate?
Yes - appropriate statistical analyses have been used in the study
Re: Thank you for your kindly comments.

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?
No - there are minor issues
Re: Thank you for your kindly comments.

OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?
Yes - current version is technically sound
Re: Thank you for your kindly comments.

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: Overall good study, worked up well by CT and the practice advocated is sound and good.
Re: Thank you for your kindly comments.

REQUESTED REVISIONS:
The authors have said that the incidence of multiplicity of renal tumors is 25%. This itself is wrong and too high a figure. The reference they have quoted itself says Occult multifocality of RCC represents a major concern in selecting patients for appropriate therapy and was reported to range between 3.5% and 25%, the author is not talking about occult lesions.
Re: Thank you for your professional criticism and reminding. We fully agreed with you that the incidence of 25% for MIRTs was too high to be true, but the exact incidence of MIRT was currently unreported. So we modified our statement in Introduction section that “The exact incidence of MIRTs was currently unreported. According to the available related data, we conservatively estimated the incidence between 4.5% and 7.9%.”

ADDITIONAL REQUESTS/SUGGESTIONS:
They should find out in the literature the exact incidence of this entity.
Re: Thank you for your professional reminding. We have carefully searched the incidence of multiple ipsilateral renal tumors (MIRTs) on PubMed. Several studies reported the incidence between 4.5% and 25%. (BJU Int. 2012 Jan;109(2):274-80; Eur Urol. 2010 Jul;58(1):118-26.) Among these studies, Tsivian et al. Reported that the incidence of occult multifocality was 7.9%. (Eur Urol. 2010 Jul;58(1):118-26.) So we modified our statement in Introduction section that “The exact incidence of MIRTs was currently unreported. According to the available related data, we conservatively estimated the incidence between 4.5% and 7.9%.”
Editorial Policies

Please read the following information and revise your manuscript as necessary. If your manuscript does not adhere to our editorial requirements this will cause a delay whilst the issue is addressed. Failure to adhere to our policies may result in rejection of your manuscript.

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Where a mandatory section is not relevant to your study design or article type, for example, if your manuscript does not contain any individual persons data, please write "Not applicable" in these sections.

For the 'Availability of data and materials' section, please provide information about where the data supporting your findings can be found. We encourage authors to deposit their datasets in publicly available repositories (where available and appropriate), or to be presented within the manuscript and/or additional supporting files. Please note that identifying/confidential patient data should not be shared. Authors who do not wish to share their data must state that data will not be shared, and provide reasons for this in the manuscript text. For further guidance on how to format this section, please refer to BioMed Central's editorial policies page - http://www.biomedcentral.com/submissions/editorial-policies#availability+of+data+and+materials.

Declarations
- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' Contributions
- Acknowledgements
- Authors' Information

Re: Thank you for your professional reminding. We have improved the mandatory sub-sections of Declarations section at the end of the article.

6. Declarations
- Ethics approval and consent to participate
The ethical committee of Nanjing Medical University approved all procedures of the study and informed consent was obtained from all cases.

- Consent to publish
All authors have reviewed the article and approved to publish.

- Availability of data and materials
The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

- Competing interests
The authors declare that they have no competing financial interests.

- Funding
The study was supported by the National Natural Science Foundation of China (Grant No. 81800597).

- Authors' Contributions
ZJW and NHS conceived and designed the study; YMW and DX as corresponding researchers collected clinical information and interviewed patients; CL and JDX organized and input the data; YMW checked and verified data input by CL and JDX; ZJW performed the operations; JY and JXX performed statistical analyses; JY and JDX drafted the manuscript; JY and JXX revised the manuscript. All authors have read and approved the final version.

- Acknowledgements
Not applicable.

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