Author’s response to reviews

Title: SIMILAR INCIDENCE OF DNA DAMAGE RESPONSE PATHWAY ALTERATIONS BETWEEN CLINICALLY LOCALIZED AND METASTATIC PROSTATE CANCER

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Author’s response to reviews:

Feb 15, 2019
Jong Park, PhD
BMC Urology

Dear Dr. Park,

Attached please find our revised manuscript entitled “SIMILAR INCIDENCE OF DNA DAMAGE RESPONSE PATHWAY ALTERATIONS BETWEEN CLINICALLY LOCALIZED AND METASTATIC PROSTATE CANCER” by Kim et al. Comments raised by reviewers are addressed below:

Reviewer #1:
1. Change figure 1 into a column graph so that differences (or lack of them) in various gene mutations are instantly obvious, the current pie diagram is confusing as gene mutations are ordered according to their occurrence.

Ans: We agree and have revised the figure. Please see figure 1.
Reviewer #2:
1. Abstract
It is not clear how the patients were categorized (methods section) and how the results led to the conclusion of the study. What is the proportion of DDR pathway gene mutations in localized PCa?

Ans: TCGA database is from men who underwent radical prostatectomy for a clinically localized prostate cancer. Therefore, the entire cohort represents a clinically localize disease. We do want to clarify that clinically localized prostate cancer is not the same as pathologically organ-confined disease. We have made these clarifications to the abstract.

2. The authors used the abbreviation PARP without the full name.

Ans: We have clarified the abbreviation.

3. Introduction
It is well known that DNA damage is a major contributor to carcinogenesis. However, in introduction section, the authors must briefly clarify the central role of DDR and repair pathways. Some manuscripts should be cited:

Ans: We have revised the introduction as requested.

4. Results
The authors used abbreviations without the full name. Authors included 455 patients. Among then only 174 were localized PCa. It must be clear in this section and in abstract. Table 1 summarizes localized prostate cancer. However, it includes pT3 and pT4 patients, which are extraprostatic extension. Please explain.

Ans: All abbreviations have been clarified. As for the localized disease, we again would like to point out that localized disease prior to surgery does not indicate an organ-confined disease. Indeed, clinical staging and pathologic staging are different for this reason. Nevertheless, in treating patients, those with a clinically localized disease are most frequently treated with a radical prostatectomy. In this study, we assessed the rate of DDR pathway changes in patients with a clinically localized prostate cancer. We have made this point clear.

Reviewer #3:
No concerns.

We would like to express our gratitude to the reviewers and editor for the careful analysis of our study. The recommended changes have clearly improved the scientific value of the manuscript.

Thank you very much for considering our manuscript for publication.
Sincerely,

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