Author’s response to reviews

Title: Application of hyaluronic acid/carboxymethyl cellulose membrane for early continence after nerve-sparing robot-assisted radical prostatectomy

Authors:
Nobuyuki Hinata (hinata@med.obe-u.ac.jp)
Yukari Bando (ykrbando@med.kobe-u.ac.jp)
Koji Chiba (kchiba@med.kobe-u.ac.jp)
Junya Furukawa (jfuru@med.kobe-u.ac.jp)
Kenichi Harada (harada1971@gmail.com)
Takeshi Ishimura (stonevil@med.kobe-u.ac.jp)
Yuzo Nakano (yznakano@med.kobe-u.ac.jp)
Masato Fujisawa (masato@med.kobe-u.ac.jp)

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Author’s response to reviews:

Dear Ms. Hayley Henderson and Ms. Helen Roberton,

The comments of reviewers have been helpful in allowing us to revise and strengthen our manuscript (Application of hyaluronic acid/carboxymethyl cellulose membrane for early continence after nerve-sparing robot-assisted radical prostatectomy, BURO-D-18-00303). The detailed review of our manuscript was much appreciated. We have attempted to address all of the questions raised by the reviewers and have also included additional data as required.

Thank you for your kind consideration of the revised version.

Yours sincerely,

Nobuyuki Hinata, M.D.
To the editor:

Please ensure your manuscript is formatted in line with our submission guidelines, in particular the correct section headings and subheadings of the Declarations section. Please provide the name of the ethics committee in full.

Answer: According to the editor’s suggestion, we have formatted the manuscript in line with submission guidelines. We also have corrected the Declarations section to the manuscript (Pages 32-34). We also put the full name of the ethics committee (page 33, lines 7-8).

Reviewer #1:

Authors identified HA/CMC was effective in recovery early continence after RARP.
Although small number of inclusion patients, the results were sound.
One thing should be clarified is how many patients were caseload >200 among 183 patients?

Answer: We appreciate this point of the reviewer. 112 patients underwent RARP after institutional caseload had exceeded 200 cases in the present study. Thus, according to the reviewer’s suggestion, we have added details of the distribution among groups in Table 1. As there were no statistically significant differences between the patients with or without HA/CMC, these findings were added to the Results section (page 13, line 13).

Reviewer #2:

nice study on use of HA/CMC membrane in RARP
however some remarks: introduction should be shorter and more concrete that HA/CMC could prevent fibrosis
Answer: We agree with the reviewer that the Background section was too redundant. Therefore, we deleted some unnecessary sentences to simplify the introduction and to make it more concrete (page 6).

MATERIALS AND METHODS instead of MATERIALs NAD METHODS page 9 line 3

Answer: According to the reviewer’s suggestion and journal format, section name has been changed (page 9, line 1).

please provide more information on the membrane used: how big is it, is it modifiable?
could you provide any pictures?

Answer: We agree that this is an important issue. Seprafilm® (Genzyme Corporation, Cambridge, MA) was used as HA/CMC in the present study. According to the reviewer’s suggestion, we have added information about HA/CMC (page 9, lines 11-15) and also have described a size (6.35 cm x 7.35 cm) of the membrane (page 9, line 16). A photo of HA/CMC used in the present study has been included as a new figure (Figure 1).

how can you adequately cover fascia behind anastomosis after finishing anastomosis.
was there anything like rocco-stitch use?

Answer: We appreciate this point of the reviewer. We used the posterior reconstruction (“Rocco” stitch). After the posterior reconstruction, HA/CMC was placed to cover Denovilliers’ fascia behind the anastomotic suture and to cover the preserved neurovascular plate. Then the vesicourethral anastomosis was performed. Therefore, the membrane adequately covers the fascia behind vesicourethral anastomosis. Accordingly, following the reviewer’s suggestion, we have added a detailed description of the procedure (page 9, lines 15-16 and page 10, lines 2-3).

is it also coering anterior anastomosis?
We also covered anterior anastomosis. According to the reviewer’s comment, “After the vesicourethral anastomosis, HA/CMC was placed on the ventral side of the anastomosis” was added to the Methods section (page 10, lines 3-4).

how can you know that urethral elasticity is maintained with HA/CMC use? page 18 line 50 where is the evidence for this

Answer: As the reviewer pointed out, maintenance of urethral elasticity by application of HA/CMC is a theoretical possibility. Because a direct measurement of the urethral elasticity is impossible, we added this limitation in the same paragraph (page 18, lines 14-15)