Reviewer’s report

Title: Patient-Reported Outcomes in Randomised Clinical Trials of Bladder Cancer: An updated Systematic Review

Version: 0 Date: 05 Jul 2019

Reviewer: Eila Skinner

Reviewer's report:

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This is an update of a prior article looking at the quality of patient reported outcome data in randomized trials on bladder cancer. The authors try to make a push for increasing inclusion of PROs in bladder cancer studies especially because of the advent of studies using immunotherapy drugs. I don't understand why that particular drug type matters. In my experience general QOL is way better in patients undergoing systemic therapy with IOs compared to multi agent chemotherapy, especially in metastatic disease. PROs become most important when these agents are brought in earlier, for example in NMIBC or in the adjuvant setting, and most of those studies are still underway (and as mentioned in the discussion, many are planning to include PROs). They are also appropriate when the treatments are designed specifically to improve symptoms or side effects (such as the robotic vs open cystectomy or adoption of ERAS preoperative techniques).

In fact none of the studies they identified were using systemic therapy - they included 4 studies that were basically anesthesia studies or studies evaluating treatment of pain during or after procedures. While this is fine, it doesn't really match with the focus of the introduction or discussion.

I would suggest the authors remove the discussion about immunotherapy in the introduction and decrease the focus in the discussion as well. I also think there is another reason that PROs are not reported with the detail required by the ISOQOL is the tight word limits of most journals. If the PRO is a secondary endpoint and is not significantly different between the two arms, there is not usually space to describe the kind of detail required by these guidelines. Compliance would basically require a completely separate article focused on just that aspect - good luck getting that published if the results are negative! In addition, the tools we have to study QOL in specific cancer/treatment situations are quite limited.
A couple of other specific comments:

1) In the results section (p 8) the authors report "of the seven newly identified studies...", but in the rest of the manuscript and tables they report 8. Where did the other one go?

2) In the discussion p 11 they noted only 295 studies in the 3 years 2015-18, which is about 100 per year - the same average in 2004-2014. This is not really relevant. They should just say they only had 3 years of data to discuss and in fact the % of RCTs including PROs did increase during this current period, from <1% to about 3%.

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