Author’s response to reviews

Title: Improvement in Early Urinary Continence Recovery After Robotic-assisted Radical Prostatectomy Based on Postoperative Pelvic Anatomic Features: A Retrospective Review

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Editorial Board
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To the Editors:

We received your comments, and we responded and corrected our manuscript entitled “Improvement in Early Urinary Continence Recovery After Robotic-assisted Radical
Prostatectomy Based on Pelvic Anatomic Features: A Retrospective Review “ for publication in BMC Urology as an original article.

We carefully corrected and answered your opinion. We hope that the revised manuscript will now be accepted in your great journal.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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Reply to editor comment of the contents: "It is noticed that there are some textual overlaps with previously published papers, in particular: Can Urol Assoc J 2017;11(3-4):E939. The overlaps mainly exist in the Background. While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work. Please rephrase these sections to minimise overlap."

We have fixed the following points and have highlighted them in yellow in the Background section:

Background section, lines 14–15, page 4.
Background section, lines 15–19, page 4.
Background section, lines 20–22, page 4.
Background section, line 22, pages 4–line 3, page 5.
By making this change, I think that there was no overlap point in this section.

Reply to Reviewer 1’s comments of the contents: "Multivariate logistic regression analysis is a correct method in that kind of work, but some things should be addressed. A planning of the variables included should be added. If only include MRI variables, that is a great bias that should be added. The potency of the study to perform a regression is limited; this should be reported as a limitation, despite the number is quite big compared to literature.” and “In the results consider to include OR value not only CI. Which variables were included in univariate logistic regression?”

We have fixed the following point and have highlighted this in yellow in the Abstract and Results section and Table 3:

Abstract section, lines 17–20, page 3.
Results section, lines 7–14, page 8.
Table 3: we added the data of odds ratio and not only MRI measurements but also clinical characteristics and perioperative parameters.
We believe this change indicates that bias has been reduced.

Reply to Reviewer 1’s comment of the contents: "I recommend to review the wording of the discussion, some sentence are not grammatically correct or include typos.

We submitted this manuscript for English proofreading, and the grammar and words were reviewed.

Reply to Reviewer 1’s comment of the contents: "There are not too many articles with postoperative MRI, consider to mention, review and compare these articles with yours. The discussion should be enriched a little bit.”

We have fixed the following point and have highlighted this in yellow in the Discussion section:
Discussion section, lines 17–20, page 9.
Discussion section, lines 3–9, page 10.
I think that this change has enriched the discussion for postoperative MRI after RARP.
Reply to Reviewer 1’s comment of the contents: "Is not clear which patients perform a postoperative MRI: every patient?, every incontinent patient?, do these 73 patients have any characteristic in common? (incontinent, elderly patients, no neuro-vascular conservative surgery)."

We have fixed the following point and have highlighted this in yellow in the Methods section:

Methods section, line 20, page 5–line 1, page 6.

This change made it clear that we performed postoperative MRI on all patients regardless of their points: incontinent, elderly patients, no neuro-vascular conservative surgery.

Reply to Reviewer 1’s comment of the contents: "Would be interesting to compare (in a simple way) the 73 patients with the whole series: age, BMI, surgical and pathological characteristics. Maybe you can include it in the Table 1 too."

We have fixed the following points and have highlighted them in yellow in the Methods section and Table 1:

Results section, line 16, page 7.

Results section, lines 17–18, page 7.

Table 1: we have added the data of 301 patients in the whole series.

Reply to Reviewer 1’s comment of the contents: "Some Images of the Figure 1 (B images) are low quality or bad black-white balanced, consider review."

We have changed Figure 1 and corresponding figure legends. We believe that the black–white balance has been improved, and the anatomical structure has been shown with dashed lines to improve the quality of the figure.

Reply to Reviewer 1’s comment of the contents: "I miss a comparison between variables with preoperative and postoperative MRI.

Some patients did not undergo preoperative MRI, and we cannot compare their pre- and postoperative MRI variables. Therefore, we apologize that no data can be presented to indicate a
comparison. In this study, I would like to evaluate the relationship between postoperative MRI features and urinary continence.

Reply to Reviewer 2’s comment of the contents: "Consider reporting and assessing prostate cancer grade, stage, or risk strata in the statistical models evaluating for associations with early continence. There are countless studies suggesting more wide resection done for higher risk cases results in higher rates of urinary incontinence. Additionally patient BMI should be similarly evaluated as previously noted to be a risk factor for higher I continence rates.”

We have fixed the following point and have highlighted this in yellow in the Abstract and Results section and Table 3:

Abstract section, lines 17‒20, page 3.

Results section, lines 7‒14, page 8.

Table 3: we have added the data of clinical and pathological parameters and BMI.

As a result of this change, grade and BMI have been shown to be less associated with incontinence in this study. We believe this change indicates that bias has been reduced.

Reply to Reviewer 2’s comment of the contents: "The discussion is also a bit limited. Are the data on neurovascular bundle preservation available for analysis, even if only hypothesis generating? Additionally, please consider augmenting discussion to include other proposed mechanisms of optimizing uronav control postoperatively including puboprostatic ligament preservation, reconstruction of the distal apex, and reapproximating the peritoneum and bladder anteriorly.”

We have fixed the following point and have highlighted this in yellow in the Methods and Discussion sections:

Methods section, lines 18‒20, page 5 and line 4, page 6.

Discussion section, lines 3‒9, page 10.

This change made it clear that neurovascular bundle preservation was available for analysis. We clearly declared that we did not perform puboprostatic ligament preservation, reconstruction of the distal apex. We have stated in this manuscript that we only performed the Rocco stitch for posterior reconstruction in the Methods section, lines 17‒18, page 5. I think that this change has enriched the discussion for postoperative MRI after RARP.