Dear Board members:

Re: Journal Article Entitled: “Pelvic floor muscle training in radical prostatectomy: A randomized controlled trial of the impacts on pelvic floor muscle function and urinary incontinence' by Joanne Milios et al.

We are most grateful to the Editor and reviewers from BMC Urology for the opportunity to have our paper reviewed following our recent re-submission. We have amended our paper, following the final recommendation of reviewer 5 and we feel the paper is now improved by the suggestions made, with a table outlining the changes attached.

As per our initial submission cover letter, we can confirm the data are novel and have not been submitted elsewhere. All authors have contributed to the paper and have read and approved this updated version of the manuscript.
I can also confirm that the work is not under consideration for publication elsewhere, no author at any time received payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.), no financial activities outside the submitted work were relevant, no patent or copyright intellectual property issues were germane and no other relationships were pertinent for disclosure.

We look forward to hearing from you in the near future and appreciate the time provided thusfar.

Regards,

W/Prof Daniel J Green

(NB: A table of response has also been added as a file in SUPPLEMENTARY MATERIAL in addition to being outlined below. Thank you.

Editors Comments        Author’s Response       Author’s Amendments
(Page references made when viewing track changes in “simple” or “finalised” view)

Reviewer 5

One suggestion for improvement. Specifically, 10% of the intervention group and 17% of the control group had open RP. One may postulate that open RP patients may have a systematically different (potentially slower) rate of continence recovery, depending on surgeon and technical factors. I would suggest that that the authors show an exploratory subgroup analysis of only open RP patients in each group so that readers may begin to get a sense for whether intervention effects were technique independent or if technique (open vs robotic) may have contributed to the observed differences between experimental and control groups."

2. Thank you for the excellent suggestion. However, due to the low number of open RP participants, an exploratory subgroup analysis was not done.

3. Instead, we re-ran the analysis for Pad Weight using an Analysis of Covariance (ANCOVA) to compare the intervention groups whilst controlling for the effects of operation type (RALP vs OPR). The ANCOVA outputs showed main effects for Time, Group and Group x Time (interaction) remained significant (p<0.05). We have added a sentence to this effect in the results section of the text. This is on page 10, after results for figure 1B.