Reviewer’s report

Title: Retzius-sparing Robot-assisted Laparoscopic Radical Prostatectomy: Functional and Early Oncologic Results in Aggressive and Locally Advanced Prostate Cancer

Version: 0 Date: 14 Aug 2019

Reviewer: Douglas Skarecky

Reviewer's report:

The authors present their early descriptive experience of rsRARP outcomes in high risk CaP patients. In early reporting of RARP single pad continence and any successful intercourse was considered successful, but for current RARP patients rely on more sophisticated results. The authors have gathered but not reported pre and postop IPSS and IIEF-5 scores and unfortunately only chose to report minimal definitions of continence and sexual function, and the paper is not acceptable as it is presented.

Liss et al (J Urology 183(4), 2010) has shown that men with one or security pad continence are more similar to multiple pad users than men declared as pad free. To be more transparent the abstract should present continence data with the restrictive 'pad free' rates in addition to the 'single pad' rates. The KM curve shows the pad free rates at ~38% at 1M, ~50% at 3M and ~75% at one year, which are less than or equal to existing to current RARP rates, please comment in the discussion.

IPSS scores were gathered but omitted. Please present these pre/post scores by individual category as they could complement the continence rates, and explicitly show the expected urinary quality of life (QOL) outcomes of rsRARP men.

The shortcomings of time to sexual function, small sample size, and short term follow up are insufficient support for the potency findings of "surprisingly positive" and "very good results" stated in the abstract and paper conclusions and should be revised.

With pre and post IIEF-5 scores available for all 50 men, patients and physicians require more detailed information. It is unclear from the time to intercourse stated result, if potency is based on a single act of sexual intercourse or more consistent results. If potency is based on a single act, this is hardly satisfactory to men, in fact very frustrating and a poor indicator of RARP success.

To clarify the success of rsRARP, please provide a new table that separates all the preop men by either IIEF-5 scores &gt;17 or &gt;17. Better yet would be 0-15 (impotent), 16-21 (ED), and 22+ (potent) and then again how each group fared at 12 months (3x3 table). This would give us a clear picture of sexual function for all the 50 rsRARP men.

Likewise, time to sexual intercourse is a novel finding but very difficult to compare with existing RARP literature. It is unclear whether men are or are not fully potent after rsRARP, thus the paper needs to fully describe whether the IIEF frequency (Q3) and satisfaction scores (Q5) for these men
average 1/2 or 4/5, very important scales for men considering rsRARP.

The 22% of men with ADT will likely be impotent from poor libido, but from your results, it is unknown if these men were impotent or potent preop. Of the 29 men had IIEF>17, how many of these men were fully potent, ED, impotent or ADT at one year? Also it must be discussed if this study truly has enough men at one year to make any meaningful conclusion for potency after rsRARP?

The authors stated all men at their institution received rsRARP, whether low or high risk. Please add a paragraph giving the results for the low risk men in the same time period.

Minor comments

How many pads was the one man at 12months using? Single or multiple?
Please add Phukan et al (World J Urology May 2019) to the references.
Please note a recent editorial by Stonier et al supports the need for your paper (BJU 2019 123; 5-10)

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