Author’s response to reviews

Title: Impact of Case Volume per Year on Flexible Ureteroscopy Practice: An Internet Based Survey

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Author’s response to reviews:

Tolga Karakan (Reviewer 1): It is well designed study; however, I have some minor concerns as follow:

Comment 1. Did you asked the flexible urs and Access sheath diameter. It is important for preop and post op stenting. Some digital scopes have larger diameter than fiberoptic ones.

Response: We asked about type of flexible URS and the results were written in table 2. It is known that digital URS are larger than fiberoptic. Only 33% and 42% in groups 1 and 2 respectively used digital scopes. We did not ask about the size of UAS.

Comment 2. What was the question of using safety guidewire? During the operation you must use guide wire to insert the scope or sheath to the ureter. There are different kind of Access sheaths that allows to use safety guide wire to use internal or external part of the sheath." De S, Sarkissian C, Torricelli FC, Brown R, Monga M. New ureteral Access sheaths: a double standard. Urology. 2015 Apr;85(4):757-63."
Response: The question was: did you use a safety guidewire or not? This means 2 guidewires (one working and one safety). In this specific type of access sheath one wire is enough because it is working wire until insertion of this sheath then it become a safety wire as it become outside the sheath. We asked this question because there is some reports about using flexible URS without any guidewires.

Comment 3. I think preoperative urine culture is mandatory independent of experience. The urinary tract infection is one of the cause of ureteric injury. What is your opinion about that?

Response: We agree that preoperative urine culture is mandatory. However, some urologist in this survey did not routinely request preoperative urine culture.

Comment 4. It may be useful to provide information about the number and distribution of questions in the material-method section.

Response: All information was added to methods section, page 4.

Comment 5. Were there any geographical difference of the use of access sheath, DJ stent, URS type etc.

Response: We did not study the effect of geographic differences on practice because this is not the scope of the study and the low number of responders from Africa and South America precluded sound statistical analysis.

Mustafa Kadihasanoglu (Reviewer 2): The authors aimed to report current worldwide variation in techniques and clinical practice of flexible ureteroscopy among endourologists of different case volumes per year. A number of issues need to be clarified by the authors:

Comment 1. The title does not reflect the conclusion of the manuscript.

Response: We believe that the title “Impact of Case Volume per Year on Flexible Ureteroscopy Practice” reflects the conclusions “The use of FURS for treating upper tract calculi has expanded by high volume endourologists to include large renal stones &gt;20mm. Low-volume surgeons prefer to use semi-rigid URS for treatment of upper ureteral stones, to apply Laser stone dusting and maintain ureteral stents for longer periods.”.
Comment 2. The abstract is formatted in accordance with the journal style.

Comment 3. The abstract describes the paper. However, the last sentence of conclusion is not clear. It should be revised.

Response: It was revised

Comment 4. The abstract stand on its own as an adequate descriptipn of the research reported in the manuscript.

Comment 5. The introduction is not enough. It should include information on upper urinary tract stones and its treatments. Moreover, the importance of experience should be emphasized in introduction.

Response: EAU Guidelines for upper urinary tract stone treatment are already mentioned in the introduction. We added AUA guidelines. For the importance of experience, we added the following sentence to the introduction section, page 3, second paragraph “High-volume URS cases per year was proved to result in better outcomes (such as shorter operative time, better stone free rates, shorter hospital stay, less need for retreatment, fewer and less severe complications) when compared with lower case-volume”.

Comment 6. The study aim is clearly stated.

Comment 7. Please use shock wave lithotripsy before SWL.

Response: It was added.

Comment 8. The method section is not divided into appropriate subheadings. For example, study design, participants, survey, statistical analysis.

Response: It was divided into subheadings.
Comment 9. The authors have not provided a clear rationale for their selection of statistical analysis. Statistical analysis section is not enough.

Response: The statistical analysis was explained in detail.

Comment 10. The results section is not divided into appropriate subsections.

Response: Subheadings were added.

Comment 11. The tables are easily interpretable.

Comment 12. The study results have been clearly summarized.

Comment 13. The prior works have been cited and critiqued.

Comment 14. The authors should discuss clinical implications of their findings.

Response: Clinical implications were added to discussion section, page 8, last paragraph.

Comment 15. The authors should delete t test from statistical analysis. Because they did not use it.

Response: It was deleted.

Vilvapathy Senguttuvan Karthikeyan (Reviewer 3): This manuscript is an internet based survey of practice of FURS, and results are classified based on case volume.

Comment 1: If it is possible, the practices across continents (say, Europe, Asia, US, Australia can be compared)

Response: Although we have these data, we did not study the effect of geographic differences on practice because this is not the scope of the study and the low number of responders from Africa and South America precluded sound statistical analysis.
Comment 2: What was the indication for Pre-FURS ureteric stent, in how many were stent placed again

Comment 3: Details regarding FURS size (F), UAS size, duration of stent preop could be useful information

Comment 5: Scope damage and change - difference in case load, case complexity could change
Response for comments 2, 3 and 5: Since it is an online survey it is not feasible to collect additional data.

Comment 4: Results 2nd para: Does it mean that high volume surgeons have more years of doing FURS?
Response: Yes and the sentence was modify to be more clear.

Comment 6: Results are very short
Response: The text and the table in results section are complementing each other and contain all necessary data. We tried to avoid redundancy between results text and tables. However, we deleted table 1 and wrote its data in the text section of the results.

Comment 7: Discussion is longer
Response: It was modified

Comment 8: Page 5 Line 18 - can't should be changed as cannot
Response: It was corrected

Comment: Grammar errors need correction
Response: This was done.
Comment: Since it is an online survey it is not feasible to collect additional data
Response: This is true

Comment: Can add limitations, future directions
Response: Limitations are already present in discussion section, page 8, last paragraph. Future implications were added to discussion section, page 8, last paragraph.

Comment: There are few points in discussion which are not mentioned which are not available in results
Response: We revised the results text and table and found that all points in the discussion were already present in the results.

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Declarations
- Ethics approval and consent to participate
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- Availability of data and materials
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Response: All editorial requirements were fulfilled