Reviewer’s report

Title: Recurrent apical prolapse after high uterosacral ligament suspension – in a heterogenous cohort characterised by a high prevalence of previous pelvic operations.

Version: 1 Date: 07 May 2019

Reviewer: Abraham Morse

Reviewer's report:

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Unfortunately, at this point in the evolution of USLS, this relatively small, retrospective study with short clinical follow-up does not contribute new information and runs the risk of providing inaccurate and incompletely characterized outcomes to the body of clinical studies on USLS. I am not in favor of publishing it.

145: I am not aware of any system of prolapse documentation referred to as the "ICS-Q". I suspect that the authors are using the POP-Q system. The authors need to describe the system of prolapse assessment they used and indicate whether or not it is equivalent to the POP-Q.

185: Rather than include a few women with primary apical prolapse, I would recommend limiting report to cohort with previous surgery. Exclude the 16% of women with no previous surgery.

189: The authors state that 19% had a stage 2 or greater recurrence at 6 months but over the ensuing 4 or more years "this number did not increase". It is extremely unlikely that no other women in the cohort developed recurrent prolapse after 6 months. This suggests very significant selection bias in the information gleaned from the chart reviews - notwithstanding the authors suggestion that the patients had not other option for their care.

219: In the discussion the authors cite recurrence rates from many studies with different subjects (e.g. primary vs. recurrent), different surgeries, different definitions of failure and different lengths of follow-up. It is impossible to draw any conclusions by comparing their experience with this very heterogeneous group of studies. The authors should remove any inferences based on comparisons of their experience with other studies. There is no reliable basis for comparison. There cohort is small, retrospective and short term. The validity of the follow up after 6 months is highly questionable.

306: Due to size of your study, adverse event rates are not reliable enough to try and compare with other studies. I would remove this from the discussion.
Justification for not making data available is weak. No databank would accept data which contained information that identified subjects. Recommend anonymizing and submitting data.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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