Author's response to reviews

Title: Ureter metastatic castration resistant prostate cancer: A case report

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Editorial office
Journal of Medical Case Reports

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Re: Ms. JMCR-D-17-00251, "Ureter metastatic castration resistant prostate cancer: A case report"

Dear Editor,

Thank you for your letter concerning the above-mentioned manuscript. We are pleased to note the favorable comments of the reviewers and have revised the manuscript. Our point-by-point revisions are described on the following pages.

We would like to again thank the Editor and reviewers for their helpful comments and hope that the revised manuscript is acceptable for publication in the Journal of Medical Case Reports.
RESPONSE TO REVIEWER 1

Again, we appreciate your careful consideration of our manuscript as well as the valuable suggestions and comments. Our point-by-point replies are as follows:

The manuscript suffers major flaws that do not permit acceptance. Please note the following points and edit the manuscript accordingly:

1. There is no evidence that this is castration-resistant prostate cancer, for the following reasons:
   a) It is not clear whether the patient is still on ADT 2 years following radiation therapy
   Response: This patient was still receiving ADT. We have now added this information to the revised manuscript.
   b) only one PSA value is recorded and no sera testosterone measurement was done, this is not enough evidence for metastatic castration-resistant state.
   Response: We have now added the serum testosterone value to the revised manuscript.

2. what do you mean by "Class 1" in urine cytology?
   Response: Urinary cytology showed normal findings. We have now added this information to the revised manuscript.

3. please include a CT image that shows the hydronephrosis and the level of obstruction, replace the existing CT picture as is of no value.
   Response: We have now added the CT slice image showing hydronephrosis to the revised manuscript.

4. please include image from retrograde study
Response: We have now added an image depicting retrograde pyelo-nephrography to the revised manuscript.

5. please explain why did not you perform ureteroscopy and direct tumor biopsy?

Response: As you point out, a biopsy under ureteroscopy is sometimes effective. However, because of the small sample size, a biopsy sometimes provides no effective findings for a diagnosis. In the present case, a biopsy under ureteroscopy was not performed in accordance with the patient’s request.

6. please explain the rationale behind performing nephroureterectomy in the setting of metastatic-castration resistant prostate cancer, what is the benefit for a 77 year old patient in view of his limited prognosis. It only adds to the patients morbidity and adds no benefit in terms of survival.

Response: As you point out, the patient had CRPC. At our institute, the median overall survival is around three years, with some patients achieving more than five years’ survival. In this case, because of the patient’s good performance status, he asked us to perform nephroureterectomy. We have no mentioned this in the revised manuscript.

7. Why is the patient still on ADT only considering that he is castration-resistant? what would the impact of nephrectomy be in his GFR and ability to receive chemotherapy if needed?

Response: At the time, we suggested several options for treating CRPC, including docetaxel, abiraterone acetate, and enzalutamide. However, the patient asked us to perform nephroureterectomy first, after which he wanted his CRPC treated. As you point out, his GFR would decrease after surgery. Under the current CPRC treatment regimens, the GFR does not affect the treatment options, even with cytotoxic treatment, including docetaxel and cabazitaxel. We have now clarified this in the revised manuscript.

The paper needs extensive editing in grammar and spelling order to be accepted for publication.

Response: We have now had a native English speaker familiar with the subject check the manuscript.

RESPONSE TO REVIEWER 2

I have reviewed this article reporting a relatively rare metastatic location of prostate cancer; a moderate number of 44 cases have been reported, according to these authors. The article is of moderate interest and could be acceptable for publication, although it has a very limited bibliographic review. Unless the editorial has a limit in the number of references, these have to be exhaustively considered, or at least the most relevant and recent literature should be included. In addition, the English is very poor, there are many orthographic errors and it requires to be rewritten by someone with native English and good medical background.
Response: As you point out, this article lacked adequate citations because of the rarity of its incidence. Regarding the grammatical errors, we have now had a native English speaker familiar with the subject check the manuscript.