

## ANSWERING REVIEWERS

January 8, 2016

Dear Editor,

Please find enclosed the edited manuscript in word format (22623-Review.doc)

**Title:** Robotic-Assisted Laparoscopic Partial Nephrectomy: A Comparison of Approaches to the Posterior Renal Mass

**Authors:** Jessica J Wetterlin, Robert H Blackwell, Sarah Capodice, Stephanie Kliethermes, Marcus L Quek, Gopal N Gupta

**Name of Journal:** *World Journal of Clinical Urology*

**ESPS Manuscript NO:** 22623

The manuscript has been improved according to the suggestions of reviewers:

### Reviewer 1

#### Comments:

In your study you are comparing RP vs. TP approaches. So, title doesn't match your approach: Better to remove "retroperitoneal" from the title. - A very major limitation of your study is the potentially high probability of patients selection biases among the two groups. Since the approach is retrospective, and is not randomized, so, without any doubt, physicians had some clinical indications in mind when putting a patient to the TP group. As you can also see in the results section, "The only significant difference with regard to tumor characteristics was laterality of the tumor. A majority of patients with left-sided tumors underwent resection via the TP approach (59.5%), whereas a majority of patients with right-sided tumors were via the RP approach" These should be discussed in the discussion, and limitations of your study should be mentioned, and proposals for the prospective studies (with randomized approach) should be given. - I recommend the data is reanalyzed by a bio-statistician. There are some problems with the comparisons. For example, authors compared pre- and post-operation creatinin levels, but not the mean change. - All the abbreviations should be described, both in the main text, and for each table, separately. Tables should be self-explanatory. - For figure 1, it is better to give a pie slicing figure instead (a recommendation). But in either case, better to give numbers(percentages). - In the result section you mention "Patients in both groups were followed postoperatively for evidence of radiographic recurrence or metastasis. No patients in either group had evidence of disease recurrence after median...", What about the metastases, then?

#### Reply:

The title of our manuscript was revised as recommended. An additional section was added to the manuscript to discuss the study's limitations, which include the retrospective design, lack of randomization, and selection bias. We felt that despite these limitations, the findings of decreased total operative time, robotic console time, and blood loss with the retroperitoneal approach group

remained significant. A discussion of the difference in laterality of tumors was provided. We felt that the RP approach was used more commonly for right-sided tumors due to anatomic reasons including the lack of need for liver retraction and placement of an additional port. A prospective, randomized trial is needed to address these limitations. We felt that our statistical analysis was appropriate for the scope of our study. Tables and figures were revised as recommended. Finally, a clarification was provided in the results section: no patients in either group had evidence of disease recurrence or metastasis.

## **Reviewer 2**

### **Comments:**

The study is interesting; Comments of this reviewer are: Introduction: Provide details of abbreviations RALPN at 1st sentence, and for TP, RP, EBL, WIT (methods) and also in the tables Methods: Provide the criteria for performing each approach Methods-outcomes: postoperative creatinine: when exactly? The day after RALPN? At discharge? After 4.5 months? Provide this information at the methods section Results: Table 1: Compare also preoperative creatinine Discussion: provide a section with the limitations of the study: retrospective design, allocation of patients in each group etc

### **Reply:**

All abbreviations were clarified as recommended throughout the text and tables. Due to the retrospective nature of the study, the rationale for performing procedures via the transperitoneal versus retroperitoneal approach was unable to be assessed. Postoperative Creatinine levels were routinely measured on postoperative day one and daily throughout patient's hospital stay. Additional postoperative Creatinine measurements were obtained on an individual basis. Preoperative Creatinine levels were added to Table 1. An additional section addressing the study's limitations was added to the discussion.

Thank you again for publishing our manuscript in the *World Journal of Clinical Urology*.

Sincerely yours,

Jessica Wetterlin, MD