

## Format for ANSWERING REVIEWERS

September 29, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12179-review.doc).

**Title:** Appropriate kidney stone size for ureteroscopic lithotripsy: When to switch to a percutaneous approach

**Author:** Ryoji Takazawa, Sachi Kitayama, Toshihiko Tsujii

**Name of Journal:** *World Journal of Nephrology*

**ESPS Manuscript NO:** 12179

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**To reviewer 1:**

Thank you very much for your kind review.

I read your recommended paper and **added two more issues in discussion.**

1: I made **the additional section: Indication for active treatment of kidney stones and new table 1 & 2.**

2: I understand your opinion. I agree that the open or laparoscopic surgery is a possible alternative, although it is relatively rare. **I mentioned the possibility in discussion (page12-13).**

**To reviewer 2:**

Thank you very much for your kind review.

1: In answering to your recommendation, I changed the title to "Appropriate **kidney** stone size for ureteroscopic lithotripsy: When to switch to a percutaneous approach".

2: I updated the EAU guideline of urolithiasis to **version 2014**.

3: I accepted your proposal. I summarized the results of recent reports in **new Table 3**.

4: I think that the "RIRS" and "flexible URS" are confused also in the EAU guideline. To avoid this confusion in our paper, I unified the words into "**flexible URS (fURS)**".

5: I understand your point. It is a personal opinion, but I believe most of the surgeons agree to my opinion about operation time. I changed the sentence to "**In our opinion, too long operation also apparently increases complication rates.**".

6 & 14: As your point, our previous report was a small cohort. But Ricchiuti et al. also concluded the same proposal in their report 2007. Some recent papers reported that 30mm is a critical point to select PNL or flexible URS (Ben Saddik MA, Prog Urol 2011; 21: 327-32). The ideal treatment for a 20-40mm sized kidney stone is now a problem under discussion. Basically, a guideline is slightly outdated because the time is needed to make up the evidence. **We propose one of the opinions which we currently think better.**

7: Basically, "miniperc (mini-PNL)" is defined as **under 18Fr**. I referred to the terms of "Mini", "Ultra-mini 11-13Fr" and "Micro 4.8Fr" in the discussion.

8: I deleted the reference you pointed.

9: I corrected the sentence by adding "**As well as flexible URS,**" at the beginning.

10: I added the reference about multi tract PNL.

11: I added the reference about bilateral ureteroscopy.

12: I made the **new table 4** showing the results of flexible URS for the multiple kidney stones.

13: I referred to the **stone composition** in discussion (page 12).

15: I understand your point. But in the guideline 2014: Figure 6.1, **there is not a practical difference** of the treatment option between the lower pole 10-20mm kidney stone and the others. Thus, **we simply unified** the two components.

16: I understand your opinion. I agree that the open or laparoscopic surgery is a possible alternative, although it is relatively rare. **I mentioned the possibility in discussion** (page12-13).

3 References and typesetting were corrected

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

Sincerely yours,

Ryoji Takazawa, MD, PhD, Chief physician.

Dept. of Urology, Tokyo Metropolitan Ohtsuka Hospital.

2-8-1, Minami-Ohtsuka, Toshima-ku,

Tokyo, Japan (postcode 170-8476)

E-mail: [ryoji\\_takazawa@tmhp.jp](mailto:ryoji_takazawa@tmhp.jp)