

Query 1:

After RARP, why the doctors did not select cystoscopy or radiographic evaluation such as CT or MRI because prostatic MC had a normal PSA value.

Query Response:

Radiographic evaluation should be considered in the postoperative follow-up strategy for prostatic MC patients without elevated PSA. But in this study, the urologist only chose PSA reexamination and failed to make a perfect follow-up strategy before the multidisciplinary cooperation, which was a deficiency in the patient's medical process. We also added additional clarification in the Discussion section.

Query 2:

The details of recurrent BT(tumor size, tumor shape, tumor sites, T stage).

Query Response:

The first-time bladder tumor (2017.02) was a papillary neoplasm located in the trigone, 0.5 cm in size, additionally, an eminence lesion was found in the posterior wall of the bladder. T stage of bladder tumor was cT1.

The second-time bladder tumors (2017.11) were rounded infiltrative neoplasms in the trigone and posterior wall of the urinary bladder, 0.5cm and 0.8cm in size. T stage of bladder tumor was cT1.

The third-time bladder tumors (2018.08) were rounded infiltrative neoplasms in the trigone, posterior wall, lateral wall of the bladder, 0.5cm-1.0cm in size. T stage of bladder tumor was cT1.

The details of the fourth and fifth recurrent bladder tumors were unclear because the patient elected another hospital for follow-up.