

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40696

Title: Retrograde intrarenal surgery vs miniaturized percutaneous nephrolithotomy to treat lower pole renal stones 1.5-2.5 cm in diameter

Reviewer's code: 02492984

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-22

Date reviewed: 2018-08-22

Review time: 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

They have done interesting and useful study.

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40696

Title: Retrograde intrarenal surgery vs miniaturized percutaneous nephrolithotomy to treat lower pole renal stones 1.5-2.5 cm in diameter

Reviewer's code: 03521962

Reviewer's country: Nigeria

Science editor: Fang-Fang Ji

Date sent for review: 2018-09-04

Date reviewed: 2018-09-11

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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SPECIFIC COMMENTS TO AUTHORS

Review comments for manuscript entitled; Retrograde Intrarenal Surgery versus Miniaturized Percutaneous Nephrolithotomy to Treat Lower Pole Renal Stones 1.5-2.5 cm in Diameter 1. Title: Adequate and clearly reflects Contents 2. The subject fall within



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the scope of the journal 3. Abstract : well structured 4. Keywords: appropriate 5. Introductions: appropriate. Has summarized relevant studies and explained other authors' findings. 6. Materials and Methods i. EAU should be written in full and abbreviation enclosed in a bracket, thereafter abbreviation can be used. ii. Briefly define the EUA guidelines iii. "Dilation of the tract was performed using the first three Alkan dilators". State the sizes of these dilators. Statistical Analysis i. "The test", write in full before using abbreviation. ii. Also, write SPSS in full and abbreviation in the bracket. Results Information about the hydration status of participants is important in view of the role of adequate hydration in post operative recovery time in stone management. Table 2 Below table 2, authors should state what Grade O, I, II, III, IV, V N. oClavien complications represent. Discussion "...RIRs was also a safe and reliable choice for patients with contraindications or preferences for the treatment of treating the single renal stones of 2.0-3.0 cm in diameter" Please reframe this statement. References Reference 1; The first author's name should be written properly. Reference 4; fur should be written properly. Alazaby et al [18] is not the same with the reference at position 18 in the reference section, and not found in the ref section. Likewise reference 18 Traxer O in the reference section is not the same with reference 18 in the text.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40696

Title: Retrograde intrarenal surgery vs miniaturized percutaneous nephrolithotomy to treat lower pole renal stones 1.5-2.5 cm in diameter

Reviewer's code: 00123524

Reviewer's country: Brazil

Science editor: Fang-Fang Ji

Date sent for review: 2018-09-11

Date reviewed: 2018-09-17

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. Abstract. The authors state in the conclusion section of the abstract that RIRS is superior to mini-PCNL in terms of both duration of the hospitalization stay and costs. I would like to recommend the authors to use a more humble conclusion and not make



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any statement that their study concludes in favor of the superiority of one method over the other. This is important because it seems that the available data does not allow them to conclude that differences regarding length of hospital stay were due solely to the superiority of RIRS over mini-PCNL, since other confounding factors might have played a role in those differences. Please review the “Core tip” section accordingly and the main text conclusion as well. 2. Page 4, first paragraph: “Indeed, the European Association of Urology (EAU) guidelines mentioned that RIRS is the first choice of some surgeons for the treatment of larger stones[4]”. The reference the authors used to support that statement is a guideline written in German and which reflects the position of the German Academy of Urology and the Austrian Urology Society. It is not a guideline by the European Association of Urology. Moreover, I could not find within the referenced German / Austrian guideline any statement that RIRS is the first choice procedure for the treatment of larger stones. Please, double-check the reference that was intended in that sentence. 3. The way the mini-PCNL technique was described was not clear enough. For instance: “Localization and proper selection of the puncture sites were aided by the injection of a contrast agent through a 6-F ureteric catheter placed at the beginning of the procedure.” The procedure is performed under fluoroscopy? How were the location of the puncture sites determined? 4. Statistical analysis. It is not correct to state that “The χ^2 test was applied to compare non-parametric values and the t-test was used to compare parametric values”. The χ^2 test is appropriate for the comparison of proportions whereas t tests are appropriate for the comparison of means between two groups, when the data follow a normal or nearly normal distribution. If continuous data is found not to follow a nearly normal distribution by visual examination of histograms of the data, then other methods should be used such as the Wilcoxon signed-rank test or bootstrap methods. The authors should also clarify how they assessed the data to decide whether they followed a normal or nearly normal distribution. Textbooks usual



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recommend against the use of tests such as the Shapiro-Wilk test because of issues related to power. 5. I would like to recommend the authors to use statistical methods that allow them to adjust for possible confounding. The propensity scores method and generalized linear models could be very useful. This is important because the lack of a statistically significant difference regarding those variables at the baseline does not offer any guarantee that they did not exert any confounding effect concerning the relationship between the outcomes and exposures. Providing statistical analyses with attempt to adjust for confounding would represent a major improvement regarding the overall quality of the study. 6. Hospitalization times seem quite long when compared with international standards. Please comment why hospitalization times were so long and why patients undergoing RIRS, which is usually an ambulatory procedure, were hospitalized for a mean length of 9 days. 7. The authors should consider the possibility that confounding related to the surgeons' decision to perform RIRS or mini-PCNL influenced their results. 8. In tables 1 and 2, avoid the use of " \pm " because it does not inform readers if the information provided refers to Standard Errors or Standard Deviations. The authors should state clearly that those numbers refer to Standard Deviations and provide those number between parentheses. Please see the SAMPL guidelines for Statistical Reporting of Articles published in Biomedical Journals (<http://www.equator-network.org/wp-content/uploads/2013/07/SAMPL-Guidelines-6-27-13.pdf>)

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