Peer Review File

Article information: http://dx.doi.org/10.21037/gpm-20-30

Reviewer A:

Comments

1. Abstract

-Avoid acronyms at least in the abstract. I suggest to avoid too much acronyms also in the main text.

-The last sentence of the abstract (specifically “In our opinion, robotic assistance offers specific advantages....”) should be deleted. Personal opinions sound bad in the abstract.

Reply:

1) Thank you for suggestions.
2) Thank you, I will change this sentence that is an opinion.

2. Methods

-It should be disclosed how Authors define the outcome of prolapse relapse. I understand POP-Q level of -1 or less for point a OR b OR c. Please, disclose why you chose those limits, referring to literature. I'm also interesting to the cumulative recurrence of the prolapse (considering relapse when a POP-q of -1 or less was found, independently from the segment involved (a,b,c).

-The results are poorly described in my opinion. The sub-heading “study population...” is incorrect. I found a SAMPLE of a population coming from Pisa (correct?), meaning Italian female people population. Italian people were almost Caucasian (correct?). Patients were followed up with a mean of 26.6 months. I therefore understand different follow-up time. This is in line with the time frame of enrollment and surgery. Comparisons were performed by using non-paramentric tests (appropriately). However, comparisons should be performed intention-to-treat (comparing the median level of scores before surgery between all patients at the enrollment with the median scores of only the ones available at the time of follow-up) or per-protocol (comparing only the scores among patients with full follow-up, before surgery and after surgery).

To better estimate the cure rate, I suggest to disclose if the comparisons were made intention-to-treat or per-protocol. Ideally it should be both reported along with missing data. Additionally, for a descriptive point of view, it should be reported also the Kaplan-Meyer curves for assessing relapses. The “cure” rate should be disclosed according to results of Kaplan-Meyer' curves. Otherwise, it could be overestimated, and -I apologize- I don't understand how the cure rate has been calculated.

Reply:

Thank you. We chose these limits because those are the limits Professor Dubuisson and us chose for the decision to enroll patients for surgery and because are, most in part, the stage of POP at which symptoms usually arise or are recurrent in presence of relapse from a clinical standpoint.

1) Dubuisson JB, Eperon I, Jacob S, Dubuisson J, Wenger JM, Dallenbach P, et al. Laparoscopic repair of pelvic organ prolapse by lateral suspension with mesh: a continuous series of 218 patients. Gynecol Obstet Fertil. 2011;39(3):127-31.
2) Dubuisson JB, Yaron M, Wenger JM, Jacob S. Treatment of genital prolapse by laparoscopic lateral suspension using mesh: a series of 73 patients. J Minim Invasive Gynecol. 2008;15(1):49-55.
3) Eperon I, Luyet C, Yaron M, Dubuisson J, Dubuisson JB. Laparoscopic management of genital prolapse by lateral suspension using mesh: a series of 377 patients. Rev Med Suisse. 2011;7(314):2084, 6-8.
4) Dubuisson JB, Dubuisson J. How I do... laparoscopic repair of vaginal vault prolapse by lateral suspension. Gynecol Obstet Fertil. 2012;40(10):617-9.

-Thank for your precise indications. I will specify the carachteristic of the studied population as suggested and I will report the result also using Kaplan-Meyer curve for assesing the relapses. Moreover the cure rate will be discolsed according to results of Kaplan-Meyer' curvers.

Reviewer B:

Congratulations to the Authors for this really interesting article. Laparoscopic lateral suspension is new technique and is well presented in the manuscript.

However, I think the following points should be clearly introduced:

Comments

1. Did you perform posterior colporrhaphy during LLS? Or only in recurrences?

Reply: Thank you for the question. No we don't perform usually posterior colporraphy during lateral suspension because, basing on the previous literature from the group of Professor Dubuisson , we selected only patients with concomitant high (3^{rd} /4^{th}) stage concomitant apical and anterior prolapse and with no or minimal (stage 1^{st}) posterior compartment prolapse for this procedure. In this view we perform posterior colporraphy only in posterior relapses.

2. I would recommend to add more about symptomatic outcomes in your study in the discussion, like OAB, please refer to article below in discussion :

Ewelina Malanowska, Andrzej Starczewski, Włodzimierz Bielewicz, Matteo Balzarro. Assessment of overactive bladder after laparoscopic lateral suspension for pelvic organ prolapse. Biomed Res. Int.2019

Reply: Thank you for the suggestion. I read this very complete and interesting paper about a small series of 64 patients underwent surgery, however it is focused only on the assessment of overactive bladder after lateral suspension. In this view I think that our report is not merely centered in the functional outcomes but it aims to encompass clinical and anatomical ones. We think it is improper to make such an accurate and deep description of the functional aspect when the intent of the article is to make understand the relevance of robotic assistance for this procedure.

3. Did you distinguish between anterior cystocele and lateral defect while qualifying patients for surgery?

Reply: Thank you, we routinely discriminate between anterior cystocele and lateral defect while qualifying patients for surgery in fact we enrolled for surgery only patients with anterior.

4. Please include in the Patient Selection Criteria, inclusion and exclusion criteria (eg. previous urogynecology history, posterior vaginal wall defect). The results and pre-operative evaluation is mixed in Results subtitle.

Reply: Thank you for suggestion. I will edit the structure of the paper.

5. Did you perform pelvic sonography before the surgery?

Reply: In our institution all patients undergo ultrasound examination during urogynecologyc assessment before surgery. Thank you for your suggestion. I will correct that.

6. Have you attached lateral arms to the abdominal fascia in all cases?

Reply: In almost all cases we have not fixed the prosthesis to the abdominal fascia.

7. Suggest to attach some pictures from the movie to the article.

Reply: Thank you, the editorial office suggested to use a video (that we added to the submission material) as imaging support.