

Peer Review File

Article information: <http://dx.doi.org/10.21037/tau-20-1229>

Reviewer A

Comment 1: Page 5 line 60: Please, remove parenthesis “(“.

Reply 1: We have deleted it as advised.

Changes in the text: Page 5 line 60.

Comment 2: Page 8 line 114: Why did you choose this classification for PML? Have you references in literature?

Reply 2: In the present study, the degree of PML was stratified according to the previously published study. We have added a reference here. Thanks a lot for the comment.

Changes in the text: Yes. A reference has been added (page 8, line 116)

Comment 3: Page 11 lines 170-173: Please, report the table in which the readers can find these information.

Reply 3: Sure, we have made a revision to indicate the table information. Thanks a lot.

Changes in the text: Yes. A revision has been made in page 11 line 175.

Comment 4: Page 11 line 175: In the submitted version of the manuscript, I cannot find the Table 2. Please add this table for a new revision.

Reply 4: Tables have been submitted in the revised version.

Changes in the text: No.

Comment 5: Page 12 line 190: In the submitted version of the manuscript, I cannot find the Table 3. Please add this table for a new revision.

Reply 5: All tables had been included in the revised version.

Changes in the text: No.

Comment 6: Page 13 line 217: Maybe you should change “table” with “figure”.

Reply 6: Yes! We have made the revision according to this comment. Thanks a lot.

Changes in the text: Yes. Page 13 line 219.

Comment 7: Page 13 line 221: Please, report “Supplementary Figure 2”.

Reply 7: A revision has been made in the manuscript to report “supplementary figure 1”
Changes in the text: Yes. A revision has been made (page 13, line 221-224).

Reviewer B

The work is very interesting and deals with an innovative surgical technique.

Comment 1: In the abstract, it is necessary to specify the meaning of the acronym PSM.

Reply 1: A revision has been made in the abstract. Thanks a lot.
Changes in the text: Page 3 line 48.

Comment 2: Remove the parenthesis in the third line of the introduction before "have".

Reply 2: We have modified our manuscript according to this comment. Thanks.
Changes in the text: Page 5 line 60.

Comment 3: It would be interesting to know how many patients were treated with 5-ARI before RP and if there is a difference in the outcomes studied.

Reply 3: Very good idea. We have checked our database. Only few patients were treated with 5-ARI before RP (9.3% in traditional approach and 7.3% in RS approach). But we think it is really a good idea worthy to be further investigated. Thanks a lot for this enlightening idea.
Changes in the text: No.

Comment 4: It would be interesting to continue the study including patients with good sexual function before RP to evaluate the impact of the RS technique on ED.

Reply 4: Very good idea! The impact of PML on the erectile function will be investigated as a following study. Thanks so much for this fantastic idea.
Changes in the text: No.

Comment 5: In the results section, you describe the presence of 3 tables but in the file that was presented there is only the Supplementary Table 1.

Reply 5: All tables have been submitted in the revised version.
Changes in the text: No.

Comment 6: In Supplementary Table 1, it is necessary to add units of measurement (for example: operative time, console time, EBL).

Reply 6: Good comment. We have added units for all parameters.
Changes in the text: Yes. Revision have been made in supplementary table 1 (in red).

Reviewer C

Comment 1: The manuscript deals with an original aspect of robotic prostate cancer surgery; however, it has the limit of being based on retrospectively collected data.

The authors specify;

- Because among the outcomes they did not consider the time to remove the bladder catheter, a classic variable in these studies.

Reply 1: In our center, the bladder catheter was removed 7-12 days with a negative cystography, which has been described in the methods section (page 9, line 140-141)

Changes in the text: No.

Comment 2: What was the surgeon's experience in traditional RARP between 2014 and 2017?

Reply 2: Very good question! We started to perform robot-assisted radical prostatectomy from 2013. Before that, Dr. H.G. had an experience of more than 200 cases of laparoscopic radical prostatectomy. During the period of 2014 and 2017, Dr. H.G. performed more 300 cases of robot-assisted radical prostatectomy. We started to perform RS approach at the end of 2016. To avoid the surgeon's experience as a bias, we included patients with RS approach from 2018, at when Dr. H.G. had an experience of more than 200 cases of RS approach. Therefore, we think surgeon's experience may not be considered as a main bias resulting in the differences of the outcomes between the two groups. Thanks a lot for this good comment.

Changes in the text: No.

Comment 3: Was the surgical case history of the surgeon with the two RS and traditional RARP methods overlapping?

Reply 3: We transferred traditional approach to RS approach at the end of 2016. Since then, Dr. H.G. focused on RS approach. Therefore, there was no overlapping between the two approaches regarding the results of the present study.

Changes in the text: No.