Comments should be submitted not later than Weekday 23/12/2017



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The draft Project Plan of the Rapid Assessment on HIFU in prostate cancer is open to review between 18/12/2017 and 23/12/2017.

Comment from Insert your name and organisation	Page number Insert 'general' if your comment relates to the whole document	Line/ section number	Comment and suggestion for rewording Please insert each new comment in a new row.	Character of comment • 'major' ^a =1 • 'minor' ^b = 2 • 'linguistic' ^c =3 Please indicate your choice by writing the according number in this field, e.g. for major choose "1".	Author's reply
Roberto Llarena	7	2.1	In the objectives, specifically in 2, the indication of the HIFU for recurrences of Radical Prostatectomy is discussed.	major	
			I do not understand that indication given the lack of tissue to treat unless local recurrence is demonstrated.		Yes, the indication is locally recurrent PCa.
			In principle, the HIFU is an experimental ablative technique (as stated in the European guidelines EAU 2018) for the treatment of localized prostate cancer.		We are aware that HIFU is experimental and this is outlined in the assessment report.
			Quite rightly, Van der Poel (Eur of Urol 2018 in press) positions the different focal therapies in the treatment of prostate cancer.		

Please add extra rows as needed.

^a "major": the comment points to a highly relevant aspect and a thorough answer is expected from the author(s)

^b "minor": the comment does not necessarily have to be answered in a detailed manner

^c"linguistic": grammar, wording, spelling or comprehensibility



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-	_		-		eunethta
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			2751 patients (Valerio 2017) have been treated with HIFU to date.		
			There is a worldwide consensus when it comes to treating localized prostate cancers avoiding surgery or radiotherapy, trying to avoid side effects.		Does this mean that patients are indicated for HIFU who are not suitable for surgery or radiotherapy or do not want to undergo surgery or radiotherapy?
			A fundamental premise is to demonstrate the significant index injury that shows a Gleason score of at least 3 + 4. That is, the previous biopsy and the labeling of all the samples with their corresponding report is necessary.		Yes, we outline this in the assessment report. The EAU guideline suggested the intervention in low-and intermediate risk patients.
			Other essential indications are: prostates less than 50 cc, asymptomatic patients, and with less than 25% of the affected prostate volume, no limit being placed on the age of the patient.		We will add these indications to the description of the target group in the report.
			The technique is performed transrectally, so that the lesions have to be localized in the peripheral and basal area, with apical or anterior lesions not being suitable.		According to the literature anterior lesions are also treated, although it is discussed that they are difficult to reach.
			Although hemiablations with HIFU of an entire prostatic lobe are also performed.		

Please add extra rows as needed.

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				•	<u>eunethta</u>
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			So far there are 7 types of energy and / or focal therapy methods, from cryotherapy indicated in anterior-section tumors, focused laser, electroporation, photodynamic therapy, TOOKAT with the intention of maneuvering the patient's immune system, and high-rate brachytherapy with indication in apical tumors, adding or not external radiotherapy.		
	10	2.2.2	A fundamental premise is to demonstrate the significant index injury that shows a Gleason score of at least 3 + 4. That is, the previous biopsy and the labeling of all the samples with their corresponding report is necessary. In this section it is also indicated in low risk patients, with Gleason 6, breaking the fundamental premise of treating patients with significant Gleason cancer lesions at least 7 (3-4)		Yes, we outline this in the assessment report. The EAU guideline suggested the intervention in low-and intermediate risk patients.
	10	2.2.2	I believe it is important that the project should indicate the lesions to be treated, in terms of degree of development, size and location, in order to be able to compare the different treatments afterwards, homogenizing the tumor types and categories.		We will add these data in the extraction table and collect if available. If data is available we will stratify the results.
	10	2.2.2	I think it is important, in addition, to differentiate the different methods and machines that are intended to be used in the study, such as Ablatherm,		Yes, we extracted this data and stratify the results if possible.

Please add extra rows as needed.

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organisation	if your			 'linguistic'^c =3 	
	comment relates to			Please indicate your	
	the whole			choice by writing the	
	document			according number in this field, e.g. for	
				major choose "1".	
			Sonablate, Exablate and Tulsa Pro, among others.		
	11				
			Right objectives		

Please add extra rows as needed.

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