

## Peer Review File

Article information: <http://dx.doi.org/10.21037/amj-20-82>.

### Comments to the authors:

#### Reviewer 1

Would like to commend the authors for this review. Please find my comments below:

1. Would recommend including a revised abstract. Current one is exactly the same as Introduction's first paragraph (from lines 28-42)
  - a. *We thank the reviewer for their comment. The abstract has been revised to summarize the scope of the review differently than the introductory paragraph.*
2. You are missing a reference in line 11
  - a. *We thank the reviewer for their comment. We ask the reviewer to be more specific as to which line they are referencing, as line 11 based on our numbering occurs in the abstract and is not a line that would require referencing.*
3. Lines 140 – 141. Instead of stating patients “should be offered surgery” would probably list all available and recommended treatment options, per NCCN guidelines.
  - a. *We thank the reviewer for their comment. We have added additional treatment options as described by NCCN for intermediate and high-risk groups including radiation therapy with or without androgen deprivation therapy.*
4. Would suggest expanding a little on the role of prostate biomarkers, maybe including a table on the potential use of these based off on the most recent recommendations from the ASCO guidelines: [J Clin Oncol](#). 2020 May 1;38(13):1474-1494. doi: 10.1200/JCO.19.02768. Epub 2019 Dec 12.
  - a. *We thank the reviewer for their comment. We have added to the paragraph entitled, “Genomic testing in the prediction of prostate cancer biology,” discussing when to implement the use of prostate biomarkers in clinical decision making.*

#### Reviewer 2

This is an excellent review from the authors. I only have minor suggestions.

1. In addition, I would also a section about the role of MRI about detecting extra-prostatic extension and SV invasion and its implications for surgical technique.
  - a. *The writers thank the reviewer for their comment. We have added additional information regarding the role of MRI in detecting EPE or SV invasion in the “Clinical imaging in the diagnostic prediction of prostate cancer”.*
2. Along those lines, I would suggest that the authors add a section about how indication and techniques for wide resection or nerve spare as well as dissecting down to peri-rectal fat or leaving Denovier’s fascia intact.
  - a. *The writers thank the reviewer for their comment. We described new techniques including Denonvillier’s fascia resection and it’s indications in the section entitled, “Emerging surgical techniques in management of locally advanced prostate cancer.”*
3. I would also a section about Retzius sparing techniques and its implications for clinically aggressive prostate cancer. For example, if the MRI shows EPE or SV invasion, if this is a feasible approach.
  - a. *The writers thank the reviewer for their comments. We have addressed the role of Retzius sparing techniques in the management of high-risk and locally advanced disease in the section entitled, “Emerging surgical techniques in management of locally advanced prostate cancer.”*
4. In addition, I would also discuss the anterior or posterior approaches for varying clinically advanced or aggressive prostate cancer.
  - a. *The writers appreciate the reviewers comment. We touched on surgical approaches based on cancer aggressiveness in the section entitled Emerging surgical techniques in management of locally advanced prostate cancer.*