Article details: 2016-0079	
Title	A cohort study of first prostate biopsy in Ontario, Canada
Authors	Luke T. Lavallée MDCM, Rodney H. Breau MD, Dean Fergusson PhD, Carl van Walraven MD
Reviewer 1	Dr. Stephanie K.Y. Choi
Institution	The Ontario HIV Treatment Network, Toronto, Ont.
General comments (author response in bold)	 abstract: line 9-10, p3, it seems that the sentence cannot be joined with only however. Suggest to add ";" before however and a "," after however. abstract: line 25, p.3, suggest to change code to diagnostic code introduction: line 6, p. 5, suggested to spell out PSA although this term has been provided in
	 abbreviations but it is an important term and general readers may not know the full term 4) there are quite a number of words that are italicized throughout the text (e.g. p.5 line 20). Sugges to remove the italics style. 5) p 6 line 34: suggest to change code to diagnostic code
	6) p.6 line 42: suggest to change "," after study period to "."7) p.6 line 49 & 51: suggest to change "1" to one
	 8) p7 line 4 & 6: suggest to remove bold format of "limited to a patient's first prostate biopsy" 9) p.8 line 10: suggest to add "," after therefore 10) p.7 in the analysis: were the analyses performed at ICES? If so then may be required to add a
	sentence to state the analyses were performed at ICES.
	Response: All requested changes have been incorporated in the revised manuscript.
	11) p 12 line 53-56: it would be good to show the sensitivity analysis of the change of the diagnostic codes in the appendix.
	Response: We have provided a reference for the sensitivity analysis. We believe this will allow interested readers to view the data without adding another appendix (Study Cohort section, P1, reference 9)
Reviewer 2	Dr. Bobby Shayegan
Institution	McMaster University, Division of Urology-Oncology, Hamilton, Ont.
General comments (author response in bold)	Great population based study of first prostate study in men screened for prostate cancer Very relevant given current climate of PSA screening guidelines. No revisions requested.
Reviewer 3	Dr. Kirk A. Keegan MD MPH
Institution	Department of Urologic Surgery, Vanderbilt University, Nashville, TN
General comments (author response in bold)	As the authors press forward with future revisions, would consider the following: 1. The authors use the term biopsy incidence throughout the manuscript. To be precise, the authors are describing the number or rate of biopsies over time. Whereas the incidence describes the event rate in the population at risk, which in this case is more precisely defined as the number of men with elevated PSA, rather than men within an age group in Ontario. Would recommend refining the use of incidence in the manuscript. Response: We agree that the incidence represents the number of biopsies over time. In our study we did calculate the number of biopsies in the entire Ontario population and by age group over time. We did not limit our analyses to men with elevated PSA. Rather, we considered all men in Ontario in each age group as at risk of having a biopsy because some men without elevated PSA receive biopsies. For this reason we believe it is appropriate to leave the terminology as is. 2. In addition, consider excluding men older than 75 or 80, given that there is likely limited intention
	to treat for cure in this population. Response: We agree that there may be limited intention to treat for cure in elderly men. However the purpose of our study was to characterize the use of prostate biopsy in our population and therefore we believe it is essential to include these patients. We observed a decrease in the use of biopsy over time in men over 75 and this may be a reflection of improved understanding of the natural history of prostate cancer in our population.
	 Lastly, the authors should comment on the potential lack of generalizability of their findings which are specifically only noted within Ontario. Response: We agree with this comment. We have added a sentence to acknowledge this concern (Limitations P1).
Reviewer 4	Dr. Ruth Hall PhD MSc BSc
Institution General comments (author response in bold)	Institute for Clinical Evaluative Sciences, Toronto, Ont. 1. Authors may want to include the context around universal health insurance therefore all men have this service covered under provincial health insurance. Response: We agree with this comment. We have added a sentence to acknowledge this concern (Limitations P1).