Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The title reflects the main subject detailed in the manuscript. The abstract in adequate manner presents the main ideas described in the manuscript. The key words are chosen well, reflecting the focus of the manuscript. The manuscript adequately describes the problematic issues in prostatic carcinoma diagnostics, relevance and sensitivity issues of PSA biochemical marker, as well as the historical development, present status and significance of the clinical risk calculators.

The manuscript does not describe methods in adequate detail. I am aware that there is no experimental or clinical research, but never the less, authors should state where did they get their data for manuscript: which databases were searched, which key words were used for search, how many papers were found and included….

The authors thank this reviewer for their thoughtful feedback. With regard to the comment on the methods and inclusion of information on the search string and database use, the authors feel that this is outside the scope of this manuscript. This topic could be explored further in a future paper with a systematic review or meta-analysis, in which case it would be necessary to include this information.

Results as such are different from experimental and clinical studies, but are presented in form acceptable for review article. The contributions of the study for research progress in this field, are reflecting in summarized knowledge and facts found in literature, regarding MRI diagnostics and overall diagnostics of prostate cancer, its strong and weak points, and review of data on clinical risk calculators.

Discussion of the manuscript interprets the findings adequately and appropriately. It conveys the key points: a) risk calculators and nomograms provide a valuable tool in risk stratification of patients with abnormal screening PSA levels potentially allowing selection of cases to avoid biopsy; b) incorporation of risk calculator data into radiology reports could represent an opportunity for radiologists to add value to the patient evaluation and mitigate ambiguity of borderline results.

Paper contains two figures which appears to be of good quality and illustrative. Figures do not require labeling with arrows, asterisks or else. The manuscript does not require statistical analysis. The manuscript cites appropriate, new and authoritative references in the introduction and discussion sections. Among the references is a paper published by some of the authors, but there are no cases of omitting, incorrect citing and over-citing. Manuscript is well, concisely and coherently organized and presented. Style, language and grammar are accurate and appropriate. Authors haven't submitted formal ethics documents that were reviewed and approved by their local ethical review committee, but such a manuscript does not require one so I do not see that as a shortcoming of the paper submitted.

Reviewer #2:

Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: Risk calculators have offered a viable tool for clinicians to stratify patients at risk of prostate cancer (PCa) and to mitigate the low sensitivity and specificity of screening PSA. Incorporating risk calculator data into prostate MRI reports can broaden the role of radiologists, improve communication with clinicians primarily managing these patients, and help guide clinical care in directing the screening, detection, and risk stratification of PCa. Therefore, this is a meaningful work. However, the following points need to be further clarified by the authors.

 1.As the author said, there are many kinds of PI-RADS integrated calculators，but there is no mention of the difference between them.

Thank you for this feedback. The differences between the mentioned PIRADS integrated calculators is explained in text. Several of the non-imaging and imaging calculators are explained in detail in the "overview of risk calculators" section, as well as in the discussion. The PIRADS integrated calculators are included in the reference sections can be accessed by the readers (for example, references 21-27); some of the most salient differences including model performance and limitations are discussed in the discussion section, but a detailed analysis of each calculator is outside the scope of this manuscript.

2.What kind of calculator is used in Fig 1 and 2？

Figure 1 shows select annotated images from a multi-parametric prostate MRI and no risk calculator was used for this figure. Figure 2 demonstrates a sample structured report which incorporates data that is commonly used across several risk calculators. The term "sample" was added to the figure 2 legend to clarify that this does not reflect a specific risk calculator.

3.Radiomics as a promising tool on the horizon of prostate imaging and prostate cancer classification，more research status should be provided.

The authors appreciate this feedback. The current status of radiomics integration is explained in the last two sentences of the final paragraph of the discussion. Current radiomics integrated calculators are broadly limited due to single institution or small cohort data sets with limited external validation or functionality. A future manuscript could incorporate a systematic review of these radiomics integrated calculators could be a topic for a future review but is outside the scope of this manuscript.