Reviewer #1:

Please find below a point-wise response to the comments of Reviewer 1:

We thank reviewer 1 for their comments and suggestions. Please see our response to each comment in italics below.

> Typo close to ref 28 along the text : "Gleason" instead of "Glesaon"

Thank you for pointing this out. We have corrected the text.

Reviewer #2:

Please find below a point-wise response to the comments of Reviewer 2:

We thank reviewer 2 for their comments and suggestions. Please see our response to each comment in italics below.

> In the "Localization and staging" of the prostate cancer, the role of DCE MRI in the PI-RADS (Prostate Imaging Reporting and Data System) would be mentioned.

We completely agree with the reviewer's observation. We have added the following section and included references:

The role of DCE-MRI in the PI-RADS (Prostate Imaging Reporting and Data System) Classification

The European Society of Urogenital Radiology (ESUR) has provided a set of guidelines for MR imaging of the prostate[23]. These guidelines provide recommendations for minimum standards of MR protocols as well outlining a structured reporting scheme, referred to as PI-RADS which are based on the BI-RADS classification for breast imaging. The reporting provides scores ranging from 1 to 5. The PI-RADS classification of DCE-MRI uses the time-resolved signal intensity curve to provide a qualitative analysis of the shape of the signal intensity curve. A score of 1 is assigned when the signal intensity curve increases gradually (Type I curve). Score of 2 is assigned when there is progressive signal intensity stabilization followed by a slight and late decrease in signal intensity (Type II curve). Score of 3 is assigned if the signal intensity curve demonstrates rapid washout after reaching peak enhancement (Type III curve). Focal lesions which enhance according to Type II or III curves are assigned an additional point. Asymmetric lesions or unusually located lesions which enhance according to Type II or III curves receive an additional point[24].

In the "Assessment of Treatment Response", the DCE MRI findings after high-intensity focused ultrasound (HIFU) would be mentioned. The timing of MRI after HIFU for the prostate cancer is important.

We completely agree with the reviewer's observation. We have added the following section and included references:

High-Intensity Focused Ultrasound (HIFU)

For the treatment of patients with localized prostate cancer, a nonsurgical, noninvasive treatment referred to as transrectal high-intensity focused ultrasound (HIFU) can be considered[44, 45]. DCE-MRI (combined with T2-weighted imaging) can have a role in detecting local cancer recurrences after HIFU. It can assist in distinguishing residual or recurrent cancers within 2-5 days after HIFU treatment[46] which are typically hypervascular from post-HIFU fibrosis which are often homogeneous and hypovascular[47] and can guide post-HIFU biopsy towards areas of recurrent cancer. One study found that although Gadolinium-enhanced MRI can accurately determine the extend of tissue damage following HIFU, it cannot predict histological results[46].