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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 15804

Title: Infectious complications after prostate biopsy: Time to rethink our clinical practice

Reviewer's code: 00505671

Reviewer's country: Romania

Science editor: Xue-Mei Gong

Date sent for review: 2014-12-11 13:31

Date reviewed: 2014-12-25 04:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an actual problem facing urology practice! It is well written and it addresses the issue. I would recommend to give more details regarding the advantages/disadvantages of the transperineal route!



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 15804

Title: Infectious complications after prostate biopsy: Time to rethink our clinical practice

Reviewer's code: 00505633

Reviewer's country: Germany

Science editor: Xue-Mei Gong

Date sent for review: 2014-12-11 13:31

Date reviewed: 2014-12-20 20:22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

A well written contribution.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 15804

Title: Infectious complications after prostate biopsy: Time to rethink our clinical practice

Reviewer's code: 02976953

Reviewer's country: Denmark

Science editor: Xue-Mei Gong

Date sent for review: 2014-12-11 13:31

Date reviewed: 2014-12-15 04:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The format is that of a short review with 1776 words and 29 references intending state of the art. The minireview is good to state the clinical problem. There is evidence for the use of antibiotic prophylaxis in connection with biopsy for prostate cancer. Guidelines recommend use of fluoroquinolone such as ciprofloxacin. The review reminds of increasing resistance to fluoroquinolones and increased risk of infection despite the antibiotic prophylaxis. The minireview is not good to describe how to solve the problem. It outlines 5 points to counteract increased risk of infection. The review should describe comments on the 5 points in separate paragraphs, and should give conclusions of the benefits for strategies on the 5 points. For option 1, selection of patients, the review had no comment risk due to exposure from travelling to countries with high prevalence of resistant bacteria and risk of patients bearing resistant E Coli at rebiopsy. For option 2 sampling of faecal flora, the reviewers had a reservation for costs. The review did not mention asymptomatic bacteruria. For option 3, needle biopsies, the review only reports whether there should be taken 6 or 12 biopsies. Not whether biopsy needle should be cleaned between the biopsies. Not whether advanced technology could lead to less traumatic biopsy needles and lower risk for spread of bacteria.



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Not whether wide MRI/ultrasound at biopsy may reduce need for multiple needle biopsies and re-biopsies. For option 4, perineal approach for biopsies, the review should debate whether concern for infection should lead to routine use of transperitoneal biopsies in general narcosis. For option 5 alternative antibiotics, the review states that “fluoroquinolones are first choice”. Nevertheless we may no longer have a single empirical prophylaxis that fits all patients. We may have to use two empirical schemes, a second one for the high risk group, and have to use targeted prophylaxis if that does help. For targeted non-ciprofloxacin prophylaxis, the review only mentions fosfomycin. It could also mention other antibiotics e.g. trimethoprim and ampicillin. It does not describe double agent therapy. Not criteria for selection of other antibiotics for price, pharmacokinetics, cross-resistance, collateral damage, and microbiologic ecology. The review ends with fairly vague statements “new studies are required” and “calls for reconsideration of clinical practice”. If AUA guidelines changed in 2014, the review could report on the rationale for the changes, and whether urologists adhere to the new guidelines, and whether it helps. The review has several references by Wagenlehner et al. from before 2010 but no reference to a review by Wagenlehner from 2014: “Reducing infectious rates after prostate biopsy”. The review defined the challenge how to reduce post-biopsy infection. Therefore the review should better evaluate how we succeed on the five tactics, whether one works better than the others, and whether we have more available options.