

Dear Editor:

Re: Manuscript 81879 "Granulomatous Prostatitis after Bacille Calmette-Guérin Instillation Resembles Prostate Carcinoma: A Case Report". Your comments and those of the reviewers were highly insightful, and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers.

Revisions in the text are shown in track changes. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in ***World Journal of Clinical Cases***.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Gui-Ming Zhang (zhangguiming9@126.com)

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

Re: Thank very much for the positive feedback about the manuscript.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Please upload the approved grant application form(s) or funding agency copy of any approval document(s). Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Re: Thank very much for the positive feedback about the manuscript.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Interesting and rare case. Good description of the case and comprehensive review of the literature.

Re: Thank very much for the positive feedback about the manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: In this study the authors report a case of granulomatous prostatitis that resembled prostate cancer. They concluded that although histopathology is the only way to accurately differentiate between the two diagnoses, some clues such as temporarily elevated PSA levels and a high signal followed by a low-signal abnormality on high b-value diffusion-weighted MRI are important indicators of BCG-induced granulomatous prostatitis. I believe that the study has sufficient merit to be considered for publication, although major revisions are required. MAJOR COMMENTS - The authors should add in the introduction some more information about granulomatosis prostatitis, such as classification (nonspecific, specific, postsurgical and secondary to systemic granulomatous diseases) or its association to systemic pathologies, as reported in these two interesting studies (doi: 10.2144/fsoa-2020-0031, PMID 32802396), (doi: 10.2217/fon-2020-0185, PMID 32180450). - What kind of antibiotic prophylaxis did you use before biopsy? Transperineal or transrectal approach? - In line 163 specify that patient 's family history was negative for PCa. - The authors should also emphasize in the discussion that histological evaluation remains the gold standard to differentiate GP from PCa (also reporting histological characteristics: granulomas, which are clusters of macrophages surrounded by a mononuclear leukocytes and plasma cells).

Re: We are very grateful for your constructive suggestion. We enriched the content of introduction from the two studies you suggested (doi: 10.2144/fsoa-2020-0031, PMID 32802396), (doi: 10.2217/fon-2020-0185, PMID 32180450). Levofloxacin was used as antibiotic prophylaxis. Prostate needle biopsy was conducted transperineally. We specified that patient 's family history was negative for PCa. We added histological characteristics of granulomas in the discussion, and histological evaluation remains the gold standard to differentiate GP from PCa.