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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Nephrology
ESPS manuscript NO: 12060
Title: Treatment of Hypogonadism: Case-Based Scenarios
Reviewer code: 00615136
Science editor: Ling-Ling Wen
Date sent for review: 2014-06-21 00:36
Date reviewed: 2014-07-30 04:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

The authors describe 4 cases of male hypogonadism, discussing each one and making recommendations based on the case description and reviewed literature. The manuscript is well written and useful to attain the desired aim. I have only a few comments: 1. Page 7: Clinical recommendation: The authors should make clear that this recommendation is applicable to mild hypogonadism, but not to severe hypoandrogenism which usually also present with oligo- or azoospermia even without testosterone replacement. 2. The second case is ill-described. The authors should clarify the presumptive diagnosis that moved the physician to prescribe testosterone, and what other studies should be performed before starting clomiphene. Why not LH or hCG? 3. Page 18: Conclusion: the first affirmation (Exogenous testosterone use should be avoided in men desiring future fertility given the potential for long-term detrimental effects on spermatogenesis) is not sufficiently supported and cannot be used as a recommendation. The authors should smoothen their affirmation (e.g. saying that in a minority of cases, spermatogenesis is not recovered, although it is difficult to say whether this is due to testosterone treatment or to the natural evolution of the condition).

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ESPS PEER REVIEW REPORT

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Science editor: Ling-Ling Wen
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[Y] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

1. Very short introduction. Would need to be more elaborated. This case series aimed fertility in hypogonadal men. The raising epidemic of hypogonadism is mostly related to longer life span and the men at the age of more than 60 are not very concerned about fertility. You can put this study in your introduction: Samplaski MK et all: testosterone use in the male infertility population: prescribing patterns and effects on semen and hormonal parameters. Fertil Steril, 2014, 101 (1). This study shows 88.4% of men were azoospermic while on exogenous testosterone. 2. This article is a case series but authors did not provide the details of each case such as age, underlying disease, drug history, the duration of testosterone therapy, routes and type of testosterone therapy, details of semen analysis before and after testosterone therapy, primary and secondary hypogonadism. Putting comments rather than facts describing cases should be removed in the first section of each case. 3. Needs to be more elaborated about each of treatment options and their side effects. Also, needs to be more elaborated what symptoms of hypogonadism would and would not improve with these different options. For example, hCG can exacerbate the depression and irritability in hypogonadal men. 4. The tried treatment approach for each case after stopping of testosterone treatment and the time frame and outcome in each case need to be more elaborated. 5. Authors suggest alternative therapies to address the infertility in hypogonadal men. I think they also need to address how these treatments works on different symptoms of hypogonadism as well.

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[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Case-Based Scenarios may provide some interesting information. However, a systematic review may provide clear conclusion. Other comments In the abstract, human chorionic gonadotropin should be spelled out at the first time.

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ESPS PEER REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Despite its title, this review deals specifically with the treatment of hypogonadotropic male hypogonadism. That should be made clear in the title and/or abstract by adding either "hypogonadotropic" , "fertility-preserving", or the like. -page5,line 6 from bottom:should read "progestagens". -page 8: last paragraph: the legend to Figure 1 has been included just there (?). -page 17: line 7: the injected material must be stated (I presume is HCG).