



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Radiology*

**Manuscript NO:** 76615

**Title:** Augmenting Prostate MRI Reporting to Incorporate Diagnostic Recommendations based upon Clinical Risk Calculators

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05574118

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Associate Professor, Director

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-03-22

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-04-19 05:42

**Reviewer performed review:** 2022-04-19 07:46

**Review time:** 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **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. 2.What kind of calculator is used in Fig 1 and 2? 3.Radiomics as a promising tool on the horizon of prostate imaging and prostate cancer classification, more research status should be provided.



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**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00722963

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Serbia

**Author's Country/Territory:** United States

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**Reviewer accepted review:** 2022-04-19 11:55

**Reviewer performed review:** 2022-05-01 22:22

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **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.... 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



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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.