

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 19450

Title: Recovery of serum testosterone following neoadjuvant and adjuvant androgen deprivation therapy in men treated with prostate brachytherapy

Reviewer's code: 02510166

Reviewer's country: Martinique

Science editor: Yue-Li Tian

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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 checked="" 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Very well written paper. Ethical conduct highly commendable. Excellent analyses. Important and clear message that GnRH hormone therapy might cause long lasting androgen suppression. I would however like to see some points being addressed.

1) Methods: Define normal and supracastrate testosterone levels.

2) Results, Patients characteristics, first paragraph, should specify the reasons why 42 patients were removed from the study. My suggestion is to mention "42 patients were removed for reasons detailed in Figure 1: PSA failure during AHT (n=13), severe disease (n=1), missing data (n=17), AHT duration deviation from treatment protocol (n=11)".

3) Methods: detail what type of EBRT was given, what type of fields (target prostate only, or regional nodes), indicate if testicular dose was computed or not.

4) The study should take into consideration that pelvic radiotherapy might cause higher scattered dose to the testes, see for example the commenting review and discussion in King and Kapp, JCO 2009;27:6076-8. My suggestion is to insert into Table 2 a comparison of EBRT versus no EBRT.

5) If EBRT is statistically significant, insert into the Discussion: the results might have been confounded by



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EBRT, because patients receiving 36 months AHT also received EBRT.

6) Discussion:

the statement "In these cases, we have difficulty judging whether radiotherapy provides a cure" appears inexact. I suggest to replace with "In these cases, we have difficulty judging whether cure is attributable to radiotherapy, to sustained castration, or to both".