

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 8190

Title: Alternative mechanisms for PSA elevation: a prospective analysis of 222 TURP patients

Reviewer code: 00505708

Science editor: Song, Xiu-Xia

Date sent for review: 2013-12-20 17:24

Date reviewed: 2013-12-25 07:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Prostate-specific antigen (PSA) has been used for screening prostate cancer for decades. A PSA value of >4 ng/ml is indicative of potential prostate tumor, although it is still uncertain whether PSA screening reduces the mortality of this malignancy. Therefore, it is important to investigate whether other medical conditions or factors increase circulating PSA levels. The present study offers some interesting data on the associations of PSA levels with prostatic inflammation and bladder outlet obstruction. However, several issues need to be considered. 1. The description of statistical analysis is too simple and did not well reflect all results reported in tables. 2. Inflammation is a major factor examined in this study. Why was it not included in Table 1 (characteristics) and Table 2 (correlation)? 3. Table 3 displays results of multiple regression analysis. On what criteria were the variables included in the model selected? Why was active inflammation treated as a categorical variable instead of a continuous one? 4. Adjusted R² for the model shown in Table 3 is only 0.38, which suggests that a substantial proportion of PSA variation in this study population is caused by other factors. The contributions of those other factors should be briefly discussed. 5. It has been consistently observed that inflammatory conditions increase PSA levels. The innovative aspect of the study needs to be discussed in more detail.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 8190

Title: Alternative mechanisms for PSA elevation: a prospective analysis of 222 TURP patients

Reviewer code: 00505652

Science editor: Song, Xiu-Xia

Date sent for review: 2013-12-20 17:24

Date reviewed: 2013-12-28 18:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The Authors aim to investigate the relation between PSA levels and bladder outlet obstruction (BOO) and the severity of prostate inflammation. they, by using a prospective cohort study, showed a correlation between BOO (PdetQmax) and PSA (logarithmic). Moreover, they found a weak correlation between PSA (logarithmic) and active as well as chronic prostatic inflammation. The study idea is good and the study methodology is well performed. I have some comments. 1) Statistical analysis: - what is the null hypothesis? What test has been used in order to compare all parameters? A multivariate analysis should be carried out. 2) I think that an accurate microbiological analysis (Meares-Stamey test) is needed in order to correlate the grade of flogosis and eventually pathogens found. Please discuss it. 3) What about patients why suspected STDs?

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 8190

Title: Alternative mechanisms for PSA elevation: a prospective analysis of 222 TURP patients

Reviewer code: 02446005

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The topic of the present study is interesting as it is the idea of performing it with the aim of better understanding the significance of high PSA levels. The problem with this MS regards the statistical analysis. From what I understand all the correlations have been performed without adjustments for patient's age or other possible confounders. I personally think that such corrections are essential (also in view of the high relation between PSA levels and age). Lack of adjustments could somehow justify different results found in the literature as discussed by the Authors. I suggest to perform statistical analysis in this way and draw conclusions accordingly

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Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 8190

Title: Alternative mechanisms for PSA elevation: a prospective analysis of 222 TURP patients

Reviewer code: 00505691

Science editor: Song, Xiu-Xia

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Date reviewed: 2014-01-05 04:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In the 'material and methods' section as well as in table 1 there is some interesting data mentioned which is subject to scientific criticism e.g. minimum PdetQmax was 10cmH₂O (but that is not evidence of bladder outflow obstruction!!!), the maximum size of prostate removed during TURP was 189gr (difficult to believe in the time constraints of a TURP) as well as the operation time (do the authors mean resection time or total operation time since the maximum 110 min are well over the advisable 60 min resection time for TURP-was the resection with monopolar/glycine or bipolar/saline???). These need to be clarified.