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ESPS Peer-review Report

Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 10021

Title: Metabolic Syndrome in the Development and Progression of Prostate Cancer

Reviewer code: 00469307

Science editor: Ling-Ling Wen

Date sent for review: 2014-03-10 09:44

Date reviewed: 2014-03-17 15:13

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

COMMENTS TO AUTHORS

The authors reviewed the current evidence of MetS and Pca. progression. I think that their review will encourage the investigators who are involved in the urological field. In the manuscript, the authors mentioned that the extent and duration of MetS was considered to have potential risk of Pca. in previous study. The fat cell is known to have the function of internal secretions. Therefore, the comment of the relation between fat cell, internal secretion, and prostate cancer should be added.



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ESPS Peer-review Report

Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 10021

Title: Metabolic Syndrome in the Development and Progression of Prostate Cancer

Reviewer code: 02445433

Science editor: Ling-Ling Wen

Date sent for review: 2014-03-10 09:44

Date reviewed: 2014-04-13 16:55

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

COMMENTS TO AUTHORS

In this review, the Authors have reviewed over novel emerging evidence about the potential association between the metabolic syndrome (MetS) and development and progression of PCa, underling how the individual MetS components appear to be differently associated with PCa. As first instance, each chapter need a more critical discussion and comments by the Author with personal conclusions about each introduced issue (and not merely a list of observations). This either in relation with the mechanistic of MetS, at molecular or physiological level (still poor), or in regard to the relative clinical/pharmacological implications on the management of PCa. The criteria of literature selection in "Review of Literature" is claimed to be done for its relevance after which the full text of selected articles was reviewed. The criteria used to retain some articles among the literature available is missed. It is very important and must be specified. Also, often in the text are reported terms or notion that are not completely fully explained, and given as simple generic information, that instead should be more powerful if associated with a more explanative discussion. Some repetitions in the main text or obvious observations should be avoided. Detailed information about grade of disease, progression or cancer typology is required, as well the details about the age of subjects, used in the different epidemiologic analysis, often missing. Also, there are not specifications about the type of MetS components associated with the PCa used in all epidemiologic studies, while they are referred simply as component 4, 2 etc. The range values and their units (i.e. normal, high, and low, pathological) for blood parameters, i.e. HDL, LDL TG, or the PSA, have to be indicated in the text, for the easier understanding of the significance of the analysis. Moreover the meaning of "the more aggressive screening practices in the USA" must be specified. A main table



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with the complete list of abbreviations of the text is required. The importance of genetic impact on PCa development or progression should be more discussed, as well the role of different type of diet among analyzed populations (i.e. Caucasian, Japanese, Americans, Africans, etc). In relation with pharmacological treatment may be useful to show more details about molecular targets or treatment either for PCa patients, or MetS patients. In chapter metabolic syndrome: in not clear the link to vitamin D studies, no formerly introduced. Define the age of those subjects, their mineral-bone contents and the main purpose of the vitamin D treatment, and the vitamin D physiological range, is also required. A more exhaustive explanation about the role of testosterone in PCa is necessary, in particular for its (molecular) implication as a risk factor to the development of PCa, or as a key target in androgen deprivation therapy. Also, the use of contrasting information about its role as risk factor when present at low doses for the development of PCa has to be considered carefully. Similarly, contrasting information has been provided by the Authors in relation to the impact of the low level of cholesterol as risk factor for PCa. It is suggested to specify which type of cholesterol, namely if presents as high level of HDLs and low level of LDL. In the chapter weight loss should be interesting have more details about the experiment design on LNCap cells. The chapter on role of physical activity has to be implemented. Useful add more details about the relation between testosterone and exercise and PCa. The authors should explain which type of exercise has been adopted for the analysis, giving more information about the duration of exercise, level of testosterone in those subjects, their age, and the levels of other hormonal or blood tested parameter, if available.



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ESPS Peer-review Report

Name of Journal: World Journal of Clinical Urology

ESPS Manuscript NO: 10021

Title: Metabolic Syndrome in the Development and Progression of Prostate Cancer

Reviewer code: 02681548

Science editor: Ling-Ling Wen

Date sent for review: 2014-03-10 09:44

Date reviewed: 2014-04-22 01:31

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The review entitled "Metabolic Syndrome in the Development and Progression of Prostate Cancer" presented by Strine AC et al focus and interesting and relevant scientific/clinical issue. The manuscript is very well written, organized and up-to-date being suitable for immediately publication in its present form. Minor comments: -Please, revise the presentation of table 2 for better reading