

# ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Urology

**ESPS Manuscript NO:** 10718

**Title:** Preclinical therapy of benign prostatic hyperplasia with neuropeptide hormone antagonists

**Reviewer code:** 00468214

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-04-16 13:21

**Date reviewed:** 2014-05-22 23:24

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 type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

# COMMENTS TO AUTHORS

- The term "prostatism" should be replaced by a standardized definition, since it refers to something not specific. LUTS? BPH?

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Clinical Urology

**ESPS Manuscript NO:** 10718

**Title:** Preclinical therapy of benign prostatic hyperplasia with neuropeptide hormone antagonists

**Reviewer code:** 00505700

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-04-16 13:21

**Date reviewed:** 2014-06-12 20:19

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

**COMMENTS TO AUTHORS**

This is an interesting review article on the potential therapeutic role of neuropeptide hormone antagonists in symptomatic BPH. The article is well-focused. Important clinical challenges are outlined and potential therapeutic strategies are discussed. The possible role of neuropeptide hormone antagonists is carefully delineated and theoretical discussions are provided. My specific comments are as follows: Abstract & Core tip: The abstract is concise. The Core tip section describes the aims of the article and somewhat repeats the abstract. This section should focus exclusively on the Core tip of the article. In the Core Tip, 3rd line, "a decrease the level of" should be "a decrease in the level of". Introduction: Overall, the introduction is well-written. However, rational of the article should be outlined clearly. Please describe in further details why the article focuses exclusively on neuropeptide hormones and their receptors. A brief description of the mechanistic link between neuropeptide hormones and increased epithelial and stromal cell number in BPH would be helpful. Luteinizing hormone-releasing hormone antagonists: Please provide peer reviewed references for the statements below: "In addition, the expression of various proinflammatory cytokines and growth factors that have been implicated in the pathogenesis of BPH were found to be reduced following cetorelix treatment (reference). A significant reduction in serum levels of DHT and LH was also observed. Interestingly, cetorelix treatment reversed testosterone-induced morphological changes to resemble the histology of the normal prostate, including a decrease in epithelial height (reference). In addition, AR and 5 $\alpha$ -reductase levels were reduced by cetorelix (reference)." Growth hormone-releasing hormone antagonists and their combination with luteinizing hormone-releasing hormone analogs: - It is stated: "GHRH is also

secreted locally in the prostate, suggesting that it serves as an autocrine/paracrine regulator". Please describe whether GHRH is secreted by cancer cells line only or both cancer and non-cancer cells. - The mechanistic discussions rely heavily on findings in the rat model of BPH created by testosterone administration. Is this model reliable and clinically relevant? Limitations of the rat model should be discussed in further details. - It is stated: "GHRH and LHRH antagonists administered together were also more effective in inducing apoptosis as measured by changes in the levels of Bcl-2, Bax, p53, NF- $\kappa$ B and COX-2." The clinical relevance of these changes should be discussed. Gastrin-releasing peptide: Does the role of GRPR in symptomatic benign prostate involve hyperplasia, smooth muscle contraction, or both? Please discuss. Potential use of somatostatin analogs: This section is written in a somewhat superficial manner and does not flow well with the rest of the article. Please detail the potential use of somatostatin analogs in BPH and provide peer reviewed references or remove this section from the article. The conclusion is well-done.