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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 11411

Title: Urological Manifestations and treatment of the primary systemic vasculitides

Reviewer code: 00143238

Science editor: Ling-Ling Wen

Date sent for review: 2014-05-20 21:29

Date reviewed: 2014-05-27 07:29

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Authors present an overview of the urological manifestations and treatment of the primary systemic vasculitides. Comments: authors should place more emphasis on the urological manifestations and include a table describing them. Same comment regarding treatment, manuscript should benefit if the authors add a table with specific treatment modalities. In addition, nothing is discussed regarding IgG4-associated vasculitis (Perez Alamino R et al. Curr Rheumatol Rep 2013), which is also associated with urological manifestations.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 11411

Title: Urological Manifestations and treatment of the primary systemic vasculitides

Reviewer code: 00503179

Science editor: Ling-Ling Wen

Date sent for review: 2014-05-20 21:29

Date reviewed: 2014-05-30 13:50

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"/> Existing	<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The purpose of the paper is to review urological manifestations and their treatment in primary systemic vasculitis. This is an interesting aspect among these diseases, although rare. The paper comprises a systematic review of urological complications in vasculitis. The revised Chapel Hill classification from 2012 was used as reference. The urological complications are mentioned, the clinical manifestations clarified and recommendations for treatment given regarding almost all types of vasculitis. The paper is well written, easy to read and gives useful information about the special urological problems in vasculitis. An extensive reference list is included. I think no 1 and 2 in the list refers to the same publication.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 11411

Title: Urological Manifestations and treatment of the primary systemic vasculitides

Reviewer code: 00739152

Science editor: Ling-Ling Wen

Date sent for review: 2014-05-20 21:29

Date reviewed: 2014-05-31 02:44

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Abstract: 1. please delete the abbreviation of "PSV", it is not popular and dose not mean excellent. 2. It is better to omit all other usual abbreviations from the abstract and if it is needed mention, those in the body of the abstract to minimize the abstract word count. 3. Side effect does not need "hyfen". 4. Word count is 311, it is a little long, it is better to reduce it. Key Words: Key words are acceptable

Introduction: 1. In order to refer to type of vasculitis it is not needed to put a table, the reference you cited is enough. Table 1 is better to be deleted. 2. Please delete all the criteria tables and only refer them in the references. 3. Introduction part is too long with details, it is better to summarize it especially in discussion of each disease, and to highlight urological manifestations. 4. Anti-GBM disease (Goodpasture's Syndrome) is not a vasculitis, therefore should not be explained here. 5. Reference numbers are more than needed, please remove excess references. 150 numbers at most are enough. 6. Some references are too old and should be omitted absolutely, such as references: 180,185,160,... 6. There are several typographic errors. It should be edited again. 7. There are some biologic therapies like Rituximab, tocilizumab which have FDA approval for vasculitis treatment, with some concerns about pregnancy under treatment with them, if you can find related articles or refer to it according to text books it makes your article more valuable.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 11411

Title: Urological Manifestations and treatment of the primary systemic vasculitides

Reviewer code: 00505788

Science editor: Ling-Ling Wen

Date sent for review: 2014-05-20 21:29

Date reviewed: 2014-06-04 19:33

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"/> Existing	<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
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an extensive review on the urological manifestations of the vasculitides. It is very well written and provides an adequate background of these diseases, necessary for the readers of the journal who mainly, I suppose, belong to the Urologic community. Indeed I have no major comments for improvement of the manuscript. In the Introduction (apparently in page 4), the authors write that medium vessel vasculitides affect arteries and veins. This may be true to some extent only for Kawasaki disease and not for polyarteritis nodosa, which is the major entity of the group. To avoid this likely source of confusion, I would suggest that the authors delete the statements regarding the type of vessels involved by each one of the vasculitis classes at this particular part of the manuscript, something they can do separately at the discussion of each one of these entities later in the text. I would also strongly recommend a substantial increase in the length of the Introduction section, which is too short compared to the size of the paper. In page 11 (top), the authors mention the FFS score. This score comes from data on both PAN and Churg-Strauss, and it is not very appropriate to be used here for PAN. At the same time I am not sure that this severity score has gained general acceptance. In page 16 (bottom), under Diagnostic Tests, for the appropriate information of their readers, the authors should clarify that c-ANCA correspond to anti-PR3 and p-ANCA to anti-MPO in the clinical setting of vasculitis. Finally, occasional typographical, grammatical and expression errors should be corrected.