

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11363

**Title:** Role of PCA3 test in clinical decision making for prostate cancer diagnosis

**Reviewer code:** 02508219

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-18 23:14

**Date reviewed:** 2014-06-30 22:17

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

## COMMENTS TO AUTHORS

Manuscript review-ESPS Manuscript NO: 11363 1 - In the present work the authors aim at 1) estimating the role of urinary PCA3 test in prostate cancer decision making, and 2) assessing the diagnostic profile of urinary PCA3 vs. serum PSA in prostate cancer. 2 - For the first purpose the authors had concordant decision percentages of 70% and 74% for positive and negative PCA3 test results, respectively. a) To test for possible implication/influence of patients' clinicopathological parameters in patient's and urologist's adherence to PCA3 test few statistical assessment may be added, e.g. Spearman's correlation between serum PSA and urinary PCA3 and comparisons of PSA and PCA3 levels in concordant and discordant decisions for those who performed (positive PCA3 test result) or did not perform (negative PCA3 test result) a prostate biopsy. 3- For the second purpose ROC curves for PSA and PCA3 data were done. In addition, they used a decision curve analysis (DCA) where a multivariable model was done to assess the benefit in decision making with consideration of patients' characteristics (family history of prostate cancer, prior biopsy results and clinical stage) as compared to that of PCA3 alone. a) Reference to previous work results as for predictive performance of PCA3 was not cited clearly (Page 10, 10th line from above). 4- The inclusion criteria of the present study is based on previous estimation of serum PSA and prostate biopsy histopathological examination and these two conditions together may not allow a fair estimation of the independent role of urinary PCA3 as predictive and decision making clinical parameter. 5- Few editing notes are present. A notable example is in page 8, 2nd line from above: the



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model that (best) predicts the () biopsy result.



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### ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11363

**Title:** Role of PCA3 test in clinical decision making for prostate cancer diagnosis

**Reviewer code:** 00070803

**Science editor:** Ling-Ling Wen

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**Date reviewed:** 2014-05-19 13:14

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

### COMMENTS TO AUTHORS

The discussion need to be rewritten because it is not clear for Readers. Please revise and quote recent references.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11363

**Title:** Role of PCA3 test in clinical decision making for prostate cancer diagnosis

**Reviewer code:** 00469307

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-18 23:14

**Date reviewed:** 2014-07-01 13:33

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

## COMMENTS TO AUTHORS

The objectives of this study is good. However, the structure of the manuscript is too complicated. I think the manuscript should be rewritten to be more simply.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11363

**Title:** Role of PCA3 test in clinical decision making for prostate cancer diagnosis

**Reviewer code:** 00505691

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-18 23:14

**Date reviewed:** 2014-06-21 05:33

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

## COMMENTS TO AUTHORS

Very good article which adds doctor adherence and pt compliance to PCA3 testing. However: Please comment regarding your TRUS biopsies. They were standard 10-12 cores but EAU guidelines suggest repeat biopsies should be extended biopsies (i.e. more cores than standard) and also there are multiple publications that others perform MRI scans prior to repeat biopsies or even transperineal template or targeted biopsies. Please give your comments why repeat biopsies were standard and add in the discussion about the above possibilities for repeat biopsies and the impact on your study they may have had.