

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 17162

Title: Nothing like data showing significant death reduction can better support prostate cancer screening

Reviewer's code: 00468558

Reviewer's country: Italy

Science editor: Yue-Li Tian

Date sent for review: 2015-02-22 17:56

Date reviewed: 2015-03-15 02:04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The paper strongly supports PSA screening. Data from ERSPC and Quebec trial are reported. PSA screening reduces specific mortality significantly. Authors conclude that, despite over diagnosis, the benefit overcomes damages. The paper is well written and clear. However it should be clearly stated that over diagnosis is about 1/50 at 9 years (the time frame of the ERSPC study design) and that the rate may improve over a longer period, up to 15 years, to 1/12 (however beyond the time frame of the study design). Over diagnosis translates in a significant proportion of cases in overtreatment, which is indeed harmful. Finally it must be stated that overall mortality is substantially unaffected by screening.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 17162

Title: Nothing like data showing significant death reduction can better support prostate cancer screening

Reviewer's code: 00505708

Reviewer's country: United States

Science editor: Yue-Li Tian

Date sent for review: 2015-02-22 17:56

Date reviewed: 2015-04-15 09:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1. There is no sufficient data supporting that reduction in prostate cancer mortality during the last decades is primarily attributable to early diagnosis and improved treatment. 2. Most prostate tumors would not progress to clinical significant stage, and patients with these tumors die with, not die from, prostate cancer. A substantial proportion of indolent prostate cancer without a potential of progression to advanced disease would not have been diagnosed if prostate-specific antigen (PSA) screening were not used. This points to a significant problem of overdiagnosis and overtreatment. 3. The author cited data from the ERSPC and Quebec studies to support recommendation for PSA screening. The limitations of the ERSPC included differences in study protocols between different countries and randomization of subjects into screening and control groups before acquisition of informed consent in some countries or centers. The latter weakness might have compromised comparability in risk factors between the 2 groups at baseline. The results of several other PSA screening studies were not mentioned in the manuscript. After an extensive, critical review of the literature, the US Preventive Services Task Force concluded that there is overall no compelling



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

evidence showing that PSA screening significantly reduces prostate cancer mortality.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Urology

ESPS manuscript NO: 17162

Title: Nothing like data showing significant death reduction can better support prostate cancer screening

Reviewer's code: 00505646

Reviewer's country: Italy

Science editor: Yue-Li Tian

Date sent for review: 2015-02-22 17:56

Date reviewed: 2015-04-28 22:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

It is an interesting well written commentary. It may be useful especially for european urologists.