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ESPS Peer-review Report

Name of Journal: World Journal of Nephrology

ESPS Manuscript NO: 10771

Title: Is phosphodiesterase type 5 inhibitors effective for the management of lower urinary symptoms suggestive benign prostatic hyperplasia?

Reviewer code: 01588319

Science editor: Fang-Fang Ji

Date sent for review: 2014-04-19 17:31

Date reviewed: 2014-06-20 19:19

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
<input checked="" type="checkbox"/> Grade C (Good)	<input checked="" 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

1. In page 3 (lines 15-21), the sentences of " Although the mechanisms for improvements in LUTS with PDE5-Is have yet to be fully clarified, proposed contributors include inhibition of PDE5 iso-enzymes present in the bladder, prostate, urethra, and supporting vasculature and consequent increases in intracellular nitric oxide (NO)-cyclic guanosine monophosphate (cGMP) concentration mediated inhibition of RhoA/Rho kinase signaling pathways, relaxation of the smooth muscle cells in these structures, improved blood perfusion, and reduced afferent signaling from the urogenital tract [26, 27, 28, 29]." should be revised in a more concise statement for the readers.

2. In page 4 (lines 12,13), the authors stated " It points that the majority of well- designed longitudinal studies emphasized causality between LUTS and ED in this review.", what's the points of this sentence? Please specify the so-called "causality" between LUTS and ED.

3. In page 4 (lines 14,15), the authors stated "An recent abstract from a larger cross-sectional and multinational assessment of LUTS and sexual function was conducted [33].", please explain why a recent "abstract" ?

4. In page 4 (line 16),[OR, 2.0, 95% CI (1.4...., what are the "OR" and "CI"?

5. In page 5 (lines 5-7),a couple of clinical studies have addressed if the improvement of BPH symptoms is linked to improved ED symptoms., please add the references to identify a couple of clinical studies.

6. In page 6 (lines 15, 16), the authors stated "Studies involved in PED5-Is monotherapy versus alpha blocker or combination of both were excluded.", please explain why the authors excluded these studies?

7. In page 7 (lines 15-17, the authors stated " No significant difference of Qmax were observed between two groups (P = 0.08), indicating that other mechanisms of pathophysiology may be involved in the etiology of LUTS/BPH (Table 2).", this statement is not appropriate and should be revised.

8. All the statements regarding the efficacy and safety of Tadalafil in pages 8-12 have to be re-organized to make it more readable. The authors can present the score information in a Table format like Table 2.



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Name of Journal: World Journal of Nephrology

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Title: Is phosphodiesterase type 5 inhibitors effective for the management of lower urinary symptoms suggestive benign prostatic hyperplasia?

Reviewer code: 00469673

Science editor: Fang-Fang Ji

Date sent for review: 2014-04-19 17:31

Date reviewed: 2014-06-26 04:24

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
<input type="checkbox"/> Grade C (Good)	<input checked="" 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)		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

1. page 4 (lines 12,13): we know that LUTS and ED are associated but please specify the "causality" between LUTS and ED
2. in page 8 (line 1) please correct "tadanafil" in tadalafil
3. in page 8 (line 21) please correct "Dmochowaki" Dmochowski
4. please re organize the paragraph regarding efficacy and safety of Tadalafil because this enumeration is not immediate. Maybe it could be used a table.
5. your aim is "To review the evidence of efficacy of phosphodiesterase type 5 (PDE5) inhibitor (PDE5-I) in lower urinary tract symptoms (LUTS) suggestive benign prostate hyperplasia (LUTS/BPH)". Why did you excluded yhe combination therapy with alpha blockers?
6. Why did you excluded other PDE-5Is like UK-369003 by Tamimi et al., BJU Int 2010;106:674-80?
7. Different papers are present in literature about this topic and these conclusions are known since 2012 (doi: 10.1016/j.eururo.2012.02.033. Epub 2012 Feb 25. Review.). Why did you not perform a meta-analysis of the datas?



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- Several problems still remain regarding the use of PDE5I. With the exception of a single twelve week trial of daily 5mg tadalafil that indicated consistent IPSS improvements at one year follow-up, long term efficacy of PDE5Is is still sparse. The relationship between sexual activity, prostate volume, and underlying pathophysiological mechanisms still require further examination. Also the cost-effectiveness of PDE5Is should be considered, particularly in relation to less expensive alpha-blocker therapy, that might be equally effective in treating LUTS/BPH.

- Authos also have to comment regarding the effect of PDE5Is on LUTS/BPH is independent of psychological or other bias associated with an improvement of ED symptoms alone. In this manuscript, the explanation that the treatment effects of tadalafil on LUTS/BPH was independent of improvement in ED is insufficient.

- Please read all the manuscript more carefully and correct simple mistakes.