Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-223-8242
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 51075

Title: CAN EPIGENETIC AND INFLAMMATORY BIOMARKERS IDENTIFY CLINICALLY AGGRESSIVE PROSTATE CANCER?

Reviewer's code: 00724492

It is well written. I think it will be accepted for publication

ANSWER: Thank you.

Reviewer's code: 02739495

SPECIFIC COMMENTS TO AUTHORS

Well designed with a fluent style.

ANSWER: Thank you.

Reviewer's code: 03002093

The figure can be omitted. It was mentioned that 89 studies were selected, but only 78 were cited, why?

ANSWER: Thank you, we have updated the references to 86.

Reviewer's code: 03656583

Tissue biopsies are easy to obtain from prognoste, early diagnosis maybe made by cell, molecule and gene evidence.It is a good paper.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-223-8242
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

ANSWER: Thank you for the comment.

Reviewer's code: 02608938

Bargão-Santos et al reviewed in this manuscript the development of epigenetic and inflammatory biomarks in identification of aggressive prostate cancer and concluded that the prevalent nature of epigenetic and inflammatory alterations may provide potential biomarkers for PCa diagnosis, treatment decisions, evaluation of prognosis and posttreatment surveillance. This is original review being important for the field and the manuscript is well prepared with appropriate references. I have only two comments. First, authors searched literature up to Dec 2018 with only 89 reports selected. Now it is already in Nov 2019. Can authors update the search? Second, non-coding RNAs including miRNAs are considered one of epigenetic mechanism. Authors already discussed miRNA. Can authors also include other non-coding RNA, particularly long non-coding RNA?

ANSWER: Thank you for the comments! We included now long non-coding RNA in the study analysis: *Long non-coding RNAs are nowadays arousing great interest. They have pertinent characteristics: they are tissue and cancer-specific, extremely abundant*[57] *and detectable in urine and blood*[58,59]. *In the diagnosis scenario, PCA3, FR0348383 and MALAT1, may counsel avoidance of biopsies without missing high risk tumors*[60,61]. *In the prognosis setting, SChLAP1, PCAT-14 and PCAT-18 seem to be the most promising. SChLAP1, detected in urine, showed significance in predicting biochemical relapse, clinical progression and PCa specific mortality*[58,62]. *PCAT-14 was associated with worse overall and metastasis free survival*[63] *and PCAT-18, detected in plasma, seems to be highly specific for metastatic castration resistant PCa in comparison with localized PCa*[64].