

Review Form 1.7

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| Journal Name: | Journal of Advances in Medicine and Medical Research |
| Manuscript Number: | Ms_JAMMR_114777 |
| Title of the Manuscript: | Exploring Prognostic Factors and Survival Rates in Prostate Cancer Patients: A Comprehensive Retrospective Analysis (2009-2018) |
| Type of the Article | Original Research Article |

PART 1: Review Comments

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| | Reviewer's comment | Author's comment(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
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| <p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p> | <p>1. If properly conducted, the manuscript might be important for the scientific community, especially in Brazil.</p> <p>2. The title can be improved, especially a review of the use of prognostic factors. Perhaps, determinants of survival might be a more suitable phrase.</p> <p>3. The abstract is very difficult to understand. Several undefined abbreviations were introduced (CACON, MG, PC, CP, SUS). The methods section could be significantly improved. The results section needs complete overhaul, as it does not convey any information about the results obtained in the study.</p> <p>4. I will suggest that the authors strictly follow the STROBE guideline for the reporting of the article.</p> <p>5. I do not think that the manuscript is scientifically correct. A lot of conclusions had been made based on unclear statistical methods, poorly-defined patient selection methods, and very unclear variable definitions and extraction.</p> <p>6. Other major concerns Overall, this is a poorly conceptualized and poorly written article. The introduction contains lots of information which I consider irrelevant, meanwhile, the first two paragraphs of the discussion appear better suited for the introduction. Otherwise, it's a repetition of similar information in both the introduction and discussion sections. What does this statement "Provide a factual background, clearly defined problem, proposed solution, a brief literature survey and the scope and justification of the work done." mean and what's its relevance in the last paragraph of the introduction?</p> <p>-In the materials and methods section (under subsection "Development") the authors wrote "<i>Patients who remained alive until the end of the study were censored by the date of the last record in the medical record, and those who had their participation in the study interrupted (patients lost during the study) contributed to the calculation of survival until the last date recorded in the record.</i>" What was the outcome event of interest? How exactly was the outcome event defined? For example in this statement, what do the authors mean by "patients lost during the study"? Was it lost to follow-up, migration outside the study area, referral to other hospitals, or death?</p> <p>-"...which identifies previous records of subjects describing interventions received and follow-up since the time of these records, in the period from 2009 to 2018, with follow-up until 2020,..." What are the follow up dates exactly? These dates need to be clearly stated.</p> <p>-How was information extracted from the medical records? Was there a proforma or questionnaire? Was the data extraction instrument pre-tested?</p> <p>-“ The studied variables were stratified according to the cutoff points (36, 48 and 60 months), after diagnosis, based on the literature, and analytically and descriptively demonstrated through survival curves.” This statement needs to</p> | <p>We follow all recommendations in all items 1 to 6.</p> <p>1. Thanks for your comment.</p> <p>2. Thanks for your suggestion. New title : Determinants of Survival in Prostate Cancer Patients: A Comprehensive Retrospective Analysis (2009-2018)"</p> <p>3. Abbreviations have been defined. Results reviewed according to tables and textual part.</p> <p>4. ok. we done.</p> <p>5. We greatly appreciate your detailed and critical feedback. We recognize the importance of ensuring scientific accuracy in our work, and after thorough review, we have taken significant steps to address your concerns. we have reviewed our statistical procedures, ensuring they are adequately defined and transparent. Additionally, we have sought to improve clarity and precision in our variable definitions and patient selection methods. This includes a meticulous review of the method descriptions used, as well as the explicit specification of patient selection criteria.</p> <p>Regarding the conclusions presented, we acknowledge the importance of ensuring they are based on solid evidence and methodologically robust. As such, we have reviewed our analyses to ensure all conclusions are adequately grounded in the obtained results and that any inference made is clearly justified based on the methods employed.</p> <p>Thank you for your comments and for the opportunity to clarify why the study covers the period from 2009 to 2018, with follow-up until 2020. The primary aim of our research was to evaluate prognostic factors and survival rates in prostate cancer patients, which required an extended follow-up to obtain robust and meaningful data. While including more recent data beyond 2018 would be valuable, our current resources do not allow for a new study period or contacting patients from 2020 onwards without additional funding. We appreciate your understanding and hope to explore more recent data in future research when resources permit.</p> <p>We are fully dedicated to ensuring our work is scientifically rigorous and transparent in all aspects.</p> <p>6. Thank you for your valuable suggestions. We truly appreciate your insights and have made every effort to address them to improve the quality of our article. Your feedback has been instrumental in enhancing clarity and consistency throughout the text.</p> |
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| | <p>be referenced.</p> <ul style="list-style-type: none">- How was the TNM staging classified? Was it based on clinical staging or histo-pathological staging? Using ambiguous term like anatomopathological staging does not offer any clarity in this regard. It is unclear how the staging was determined specifically. <p>-If the outcome event is PC mortality, how was this information confirmed? From which record was this information obtained? Are the analyses based on PC-specific or all-cause mortality?</p> <ul style="list-style-type: none">- In the log-rank tests, what was the p-value cut-off point for selecting variables for inclusion in the multivariable model?- When using Cox Proportional Hazard model, a number of assumptions has to be proven to have been fulfilled, otherwise the test would be invalid. How was the proportionality assumption tested in this study, and what was the result?-The authors did not mention how missing data was handled. How many missingness were there for each of the variables as your tables clearly show that add up to the total included study participants. <p>-In the results section</p> <ul style="list-style-type: none">- All percentages should be accompanied by the actual number of patients to give readers a better context of the proportions quoted.- The footnotes of tables 1 and 4 convey no meaning as they do not link up with any identifier in the tables.- It appears the information in table 2 was used to report the estimated survival for the patients. First, I don't think that log-rank test is sufficient to make those inferential assessments. Secondly, the table is very poorly done as the figures 95%CI for all the variables are laterally inverted.- Figure 1 is very poor and difficult to read. Since the authors mentioned that survival was determined using the Kaplan-Meier method, it is important to add the risk tables to each of the variables examined, as well as the confidence intervals for each of the plot estimates. (If such confidence intervals can not be added on the graphs (which I strongly suggest it should), probably the confidence intervals could be provided in a separate table and attached as a supplementary material. Actually, it appears that the information contained in Table 2 are the exact same information in the Kaplan-Meier plots. This is really not clear at all.-Can the authors also give us information about the mortality rate and the cumulative mortality in this cohort? At the very basic level, what proportion of the patients was alive, dead, or lost to follow up during the study period?- Are the reported HRs adjusted or unadjusted? If adjusted, what are the variables adjusted for and how were these variables selected?- The authors mentioned "final model" in their results. What are variables contained in this final model? Was there any test done to confirm the goodness-of-fit of the final model? If yes, the result of such test should also be reported.- In tables 4 and 5, why stages I and II collapsed into one category to make the reference category when you have reported each of the stages separately until this point?- Estimates should be rounded up to consistent number of decimal places. If the journal does not have preferred format, it should be rounded up to maximum of two places.- In table 5, the authors reported the HRs in thousands (e.g. "1,282") but reported the corresponding CIs in decimals (e.g. (0.7417-2.214)). How did they arrive at these estimates? | |
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| | <ul style="list-style-type: none">- In the discussion section- What are the main findings of this study?- There was a reharshal of several points already mentioned in the introduction here. As well as a lot of unimportant data that does not follow any line of argument in the discussion.- -There are many unreferenced statements as well e.g. “In that study, the biochemical recurrence rate was found in 21.6% of the sample, while in other studies this rate was 11.90%.”- Information about the strengths and limitations of the study were very limited and poorly described.- Why was ethical approval discussed in two different sections?- I suggest a major revision of the discussion and the concluding sections. | |
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| <div>Minor REVISION comments</div> <div>1. Is language/English quality of the article suitable for scholarly communications?</div> | <div>The language can be significantly improved. There was no thorough job to look at the punctuations, spellings, and other language errors in the article.</div> | <div>Thank you for your feedback regarding the language quality of the article. We acknowledge the importance of clear and polished language in academic writing. We will conduct a thorough review to address punctuation, spelling, and other language errors to significantly improve the overall readability and professionalism of the article. Your input is invaluable in helping us enhance the linguistic quality of our work.</div> |
| <div>Optional/General comments</div> | <div><div>1. It is important to maintain consistency in the abbreviations all through the article. If you decided to abbreviate prostate cancer as PC, it's good to maintain this rather than shifting frequently between the full and abbreviated formats, including another one CP. In the abstract, kindly define the abbreviations already so that readers can clearly understand the article.</div><div>2. Several undefined and poorly defined abbreviations are also in the main text of the article (RHC's, LHRH, EC, CE, CP12, CSD etc)</div><div>3. The authors should be consistent in their terminologies. They have used prognostic markers, prognostic variables, and prognostic factors, and also risk ratio and hazard ratio interchangeably. Prognostic marker is not exactly the same as prognostic factors.</div></div> | <div><div>1.We appreciate the feedback regarding the consistency of abbreviations throughout the article. We have taken steps to ensure that all abbreviations are used uniformly, maintaining the same convention as suggested. Additionally, abbreviations have been appropriately defined in the abstract to facilitate reader understanding from the outset of the article.</div><div>2.We acknowledge the observation regarding undefined or poorly defined abbreviations in the main text of the article. We have taken measures to define all abbreviations clearly and adequately upon their first mention, thus ensuring clarity for readers throughout the text.</div><div>3.Thank you for emphasizing the importance of consistency in terminology usage. We have done our utmost to ensure that terms such as prognostic markers, prognostic factors, risk ratio, and hazard ratio are used accurately and consistently throughout the article, accurately reflecting the nuances of each concept.</div><div>We appreciate your constructive feedback once again. We are committed to addressing your suggestions to enhance the quality of our work.</div></div> |

PART 2:

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| | <div>Reviewer's comment</div> | <div>Author's comment<i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i></div> |
| <div>Are there ethical issues in this manuscript?</div> | <div><i>(If yes, Kindly please write down the ethical issues here in details)</i></div> | |