Peer Review Report

Review Report on Clinical efficacy of different androgen deprivation therapies for prostate cancer and evaluation based on dynamic-contrast enhanced magnetic resonance imaging

Original Research, Acta Biochim. Pol.

Reviewer: Lili Xu
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EVALUATION

Q 1 **Please summarize the main findings of the study.**

This study first compared the therapeutic efficacy of different ADTs (intermittent ADT vs. continuous ADT) in patients with prostate cancer, then, used DCE-MRI to evaluate the therapeutic efficacy of ADT. With 104 patients enrolled, this study found that intermittent ADT showed better clinical efficacy than continuous ADT. Some quantitative variables from DCE-MRI were demonstrated to be correlated with therapeutic efficacy.

Q 2 **Please highlight the limitations and strengths.**

Limitation
1. The Method section is not well-clarified.
2. The Results section is too simple without summarizing the main findings of the results.
3. The language and the discussion of this article need to be improved.
Strength
1. Clinical relevant topic.
2. Sufficient patients.

Q 3 **Please comment on the methods, results and data interpretation. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.**

Method
1. The IRB number of this study is not provided.
2. According to the description in the “Clinical data”, the patients were divided into two treatment groups randomly. The authors should provide the registration number of this clinical trial.
Result
1. The Results section is too simple. You cannot only list the Tables and Figures in this section without summarizing them.
2. In Figure 1, the continuous group decreased more in all the parameters than the intermittent group, which conflicts with the results “As a result of treatment…those decreased in the intermittent group significantly more than those in the continuous group”.

Check List

Q 4 **Please provide your detailed review report to the editor and authors (including any comments on the Q4 Check List)**

1. I don’t think the “Clinical efficacy of different androgen deprivation therapies for prostate cancer based on DCE-MRI” is a precise title for this article. “Clinical efficacy of different androgen deprivation therapies for prostate cancer and evaluation based on DCE-MRI” might be better.
2. Define all the abbreviations when they first mention it, such as DCE-MRI, ORR, and DCR.
3. The IRB number of this study is not provided.
4. According to the “Clinical data” description, the patients were randomly divided into two treatment groups. The authors should provide the registration number of this clinical trial.

5. When the prostate MRI was performed was not specified in the Method section. At least two MRI scans were needed (one before and one after the treatment). If there was any follow-up MRI during the treatment? Please specify.
6. The Results section is too simple. You cannot only list the Tables and Figures in this section without summarizing them.
7. In Figure 1, the continuous group decreased more in all the parameters than the intermittent group, which conflicts with the results “As a result of treatment…those decreased in the intermittent group significantly more than those in the continuous group”.
8. What is “PAS” in Table 1?
9. It is not appropriate to use “influence of DCE-MRI indices on…” in Table 3, DCE-MRI will not influence the therapeutic impact but only reflect the therapeutic impact. The authors should keep this concept in mind throughout the whole manuscript.
10. The Discussion section needs to put more effort into discussing intermittent ADT vs. continuous ADT, because this is one of the main findings of this research. But presently, only the first paragraph discussed the intermittent ADT vs. continuous ADT in brief.

Q 5 **Is the English language of sufficient quality?**

No.

Q 6 **Is the quality of the figures and tables satisfactory?**

No.

Q 7 **Does the reference list cover the relevant literature adequately and in an unbiased manner?**

Yes.

Q 8 **Are the statistical methods valid and correctly applied? (e.g. sample size, choice of test)**

Yes.

Q 9 **Are the methods sufficiently documented to allow replication studies?**

Yes.

Q 10 **Are the data underlying the study available in either the article, supplement, or deposited in a repository? (Sequence/expression data, protein/molecule characterizations, annotations, and taxonomy data are required to be deposited in public repositories prior to publication)**

No.

Q 11 Does the study adhere to ethical standards including ethics committee approval and consent procedure?

Yes.

Q 12 Have standard biosecurity and institutional safety procedures been adhered to?

Yes.

QUALITY ASSESSMENT

Q 13	Originality	■■■□□
Q 14	Rigor	■■□□□
Q 15	Significance to the field	■■■□□
Q 16	Interest to general audience	■■■□□
Q 17	Quality of the writing	■■□□□
Q 18	Overall quality of the study	■■□□□