



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 75717

**Title:** Assessing radiation dose for postoperative radiotherapy in prostate cancer. Real World Data

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06045528

**Position:** Peer Reviewer

**Academic degree:** MSc

**Professional title:** Research Assistant

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Spain

**Manuscript submission date:** 2022-03-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-04-04 17:01

**Reviewer performed review:** 2022-04-04 19:57

**Review time:** 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The manuscript addressed an important question that whether radiation dose intensification provides any clinical benefits as compared to the conventional radiotherapy treatment in the setting of postoperative radiotherapy. Although there are some limitations of the study as discussed by the authors, the findings of this study suggest that dose-intensified postoperative radiotherapy is not superior to conventional dosing in PCa patients. The study provides useful information that would be beneficial for the clinical practice with respect to PORT. I have some minor concerns regarding to the study design. 1. In result section of abstract, the author mentioned 'Of these 301 patients, 93 (34.8%) received androgen blockade prior to surgery'. However, the authors clearly mentioned the total number of patients included in the study was 302, which is inconsistent with 301. Please clarify. 2. Of patients, 93 (34.8%) patients received androgen blockade prior to surgery. What are the staging and grading of these patients? Do these patients tend to have better survival such as BFFS? If yes, these patients would be a confounding factor that will influence the final conclusions. What if we exclude those 93 patients undergoing ADT?



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**Reviewer's code:** 06128243

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Spain

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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### **SPECIFIC COMMENTS TO AUTHORS**

The main purpose of this paper is to "determine whether postoperative radiotherapy dose affects biochemical recurrence-free survival (BFFS) in patients with prostate cancer after surgery". A retrospective analysis was performed on 302 patients who received radiotherapy after radical prostatectomy in the hospital. The paper describes the research background and current situation in detail. Through the literature in recent years, it is pointed out that the choice of postoperative radiotherapy dose for prostate cancer is still controversial in domestic and foreign studies. Organization and other high-risk factors to formulate empirical radiotherapy programs, lack of systematic radiotherapy guidelines or standards. This article evaluates the effect of radiotherapy dose on patients through a retrospective study of previous postoperative radiotherapy patients. The results and conclusions of the paper are supported by real data and data, and have good practical guiding significance. The design of the research method in the paper is reasonable, and the methods of radiotherapy plan, follow-up and evaluation indicators are described in detail. The selected evaluation targets are relatively sufficient, and the prognostic factors are relatively comprehensive. The data obtained in the study were summarized and organized, and the effects of radiation dose and various prognostic factors on postoperative prostate cancer patients were statistically analyzed. The structure of the paper conforms to academic norms, the research methods and research results are in one-to-one correspondence, the language is fluent, the expression is clear, and the design of statistical charts is reasonable, making the research results easier to understand. The results of this article are described from three aspects: the effect of three groups of radiotherapy doses on BFFS and OS; the effect of prognostic



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factors on BFFS and OS, and the toxicity of three groups of radiotherapy doses on urinary tract and gastrointestinal tract. The conclusion that intensive radiotherapy is not superior to conventional administration is consistent with the conclusions of some recent studies, answers the scientific questions raised in the article, and provides a certain reference value for clinical postoperative radiotherapy dose selection. Deficiencies

①Because it is a retrospective study, the inclusion criteria of the research subjects are less described in this article. The study population is patients with radiotherapy after radical prostatectomy. The patients' own underlying diseases and whether they have continued endocrine therapy after surgery are not considered. To observe the indicators cause errors.

②There were significant differences among the three groups of patients in pathological stage, GS score, and preoperative hormone therapy. The author mentioned in the discussion section that the choice of regimen is related to the clinical situation of the patients. Future research can strengthen the screening of patients, Randomize groups to reduce bias in results.

③In addition to BFFS, urinary tract and gastrointestinal toxicity caused by radiotherapy, the rate of postoperative PSA recurrence and increase, the impact of radiotherapy dose on the sensitivity of endocrine therapy, etc. can be considered for inclusion in the evaluation of radiotherapy effects in future studies to compare radiotherapy more comprehensively. Relationship between dose and patients after radical prostatectomy.

④ The overall content of the article is not sufficiently related to the title and main research purpose. In addition to describing the effect of postoperative radiotherapy dose on BFFS, the prognostic factors also occupy more space. The title, abstract and conclusion can be modified appropriately.