



SDI Review Form 1.6

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	Ms_BJMMR_25855
Title of the Manuscript:	Analyze of risk factors affecting the outcomes of docetaxel & prednisolone combination in the treatment of metastatic castration-resistant prostate cancer
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	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)
<u>Compulsory</u> REVISION comments	<p>This is a very interesting and clinically helpful manuscript. Here are some comments to help ameliorate the manuscript:</p> <p>*Page 2 (line 38)-should mention radium-223 as this regimen has a survival advantage.</p> <p>*Page 2 (line 38)-author mentions that there are drugs targeting VEGF that can be used, please indicate which and provide reference.</p> <p>*Page 2 (line 50)-author mentions that patients treated with docetaxel "failed to respond" yet the the TAX 327 showed a survival benefit as alluded to in the previous sentences-please explain.</p> <p>*Page 3 (line 58)-Under method and materials please indicate if this is a prospective or retrospective-for mere clarity.</p> <p>*Page 7 (line 141)-Hormonal therapy is still widely used in patients with hormonal sensitive prostate cancer. In addition, we still continue it in patients with castrate disease on chemotherapy-so this sentence is incorrect or needs to be clarified. In addition, there is still no definitive curative chemotherapy for patients with stage IV castrate-resistant prostate cancer.</p> <p>*Page 7 (line 149)-please explain why weekly docetaxel is not used. Occasionally some oncologists used it as it is more tolerable from a toxicity prespective.</p> <p>*Page 7 (line 149)-definitely data on abiraterone and enzalutamide on resistant disease and results of the</p>	



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	<p>phase III E3805 trial should be mentioned here (which includes upfront docetaxel+hormone therapy in patient with metastatic disease that is not castrate resistant). You can also add info on radium 223 and Provenge.</p> <p>*Page 7 (152)-this was known previously perhaps adding new results from the study-albumin, protein, and ALP can potentially predict outcome.</p>	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	<p>This is an excellent paper and needs some small revisions.</p>	

Reviewer Details:

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