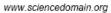
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Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	Ms_BJMMR_25855
Title of the Manuscript:	Analyze of risk factors affecting the outcomes of docetaxel – prednisolone combination in the treatment of metastatic castration-resistant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

General guideline for Peer Review process:

This journal's peer review policy states that \underline{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,
	notional scomment	correct the manuscript and highlight that part in
		the manuscript. It is mandatory that authors
		should write his/her feedback here)
C I DEVICION		should write his/her jeedback herej
<u>Compulsory</u> REVISION comments	This is a very interesting and clinically helpful	
	manuscript. Here are some comments to help	
	ameliorate the manuscript:	
	*Page 2 (line 38)-should mention radium-223 as this	
	regimen has a survival advantage.	
	*Page 2 (line 38)-author mentions that there are	
	drugs targeting VEGF that can be used, please	
	indicate which and provide reference.	
	*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.	
	*Page 3 (line 58)-Under method and materials please	
	indicate if this is a prospective or retrospective-for	
	mere clarity.	
	*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.	
	*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.	
	*Page 7 (line 149)-definitely data on abiraterone and	
	enzalutamide on resistant disease and results of the	
	cheathamne on resistant disease and results of the	

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	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. *Page 7 (152)-this was known previously perhaps adding new results from the study-albumin, protein, and ALP can potentially predict outcome.	
Minor REVISION comments		
Optional/General comments	This is an excellent paper and needs some small revisions.	

Reviewer Details:

Name:	Hani M Babiker
Department, University & Country	Hematologist-Oncologist, Virginia G Piper Cancer Center Clinical Trials, USA

Created by: EA Checked by: ME Approved by: CEO Version: 1.6 (07-06-2013)