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Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	Ms_IJBCRR_24832
Title of the Manuscript:	EARLY DETECTION OF PROSTATE CANCER: IMMUNOASSAY FOR SERUM PROSTATE SPECIFIC ANTIGEN (PSA) TUMOR MARKER.
Type of the Article	Review paper

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	In general Ok, but as the authors are from Nigeria, it was disappointing that no local data were included, there are publications from the Middle East, Iraq and Iran, whereby the incidence of benign hyperplasia and prostatitis mean that in the PSA range 4-10 the incidence of prostate cancer is much lower when compared to US and European data, for reasons genetic and environmental. To improve the article, I feel this material should be included, the differences of the Nigerian population from Afro-american, and if possible if there are data from rural versus urban populations	6.0 Data on Prostate Cancer in Nigeria. Prostate cancer is a leading cancer diagnosis and cause of cancer-related deaths among men. It is the most commonly diagnosed cancer among Nigerian men [48, 49]. An estimated hospital prevalence of 127 per 100,000 in Lagos Nigeria was reported in 1997 [50]. A recently published data from South-western Nigeria also reported a hospital prevalence rate of 182.5 per 100,000 male admissions in the Hospital [51]. However, the true prevalence in the Nigerian community is not known. In the United States, prostate cancer has been described



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		to be more prevalent among the African-Americans. The incidence of prostate cancer among white American men is 156.7 per 100,000 population compared with 248.5 for Black Americans [52]. However, the incidence among the black African community may be underestimated [53, 54]. Prostate cancer screening is not a common practice in Nigeria in spite of prostate cancer being the most commonly diagnosed cancer in Nigeria. Awareness about prostate cancer is also poor [55, 56]. A community based testing for prostate cancer in Lagos, Nigeria has created more awareness about the disease in the community and also helped to show the status of the disease in the community better than a hospital-based study. The estimated prevalence of prostate cancer in this study was at least 104.6 per 100,000
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		men of age 40years above. This value is much greater than the previously reported in a hospital-based study in Lagos and appears similar to report from Saudi Arabia [57]. Most men with prostate cancer in the study (74%) already have advanced disease. This is a very high figure when compared to only 4% of prostate cancer patients with metastatic disease at the time of diagnosis in United States where PSA testing is a common practice [58]. The normal range of serum total PSA values in our community is generally not known. Values ≤ 4 mg/L are generally used as the normal range. These are suggestions that African men may have a higher PSA value than what is a generally accepted value for Caucasian possibly because of a higher prostate volume or chronic prostate inflammation [59] in a recent study
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		conducted in a community-based screening in Nigeria using serum prostate specific antigen and digital rectal examination. The 95 th percentile PSA value reported was 4.5ng/L and 13.4ng/L for men aged, 40-49 years and 70 years respectively, while the overall 95 th percentile PSA Value was 10ng/L [60]. This may suggest that men in our environment generally have a higher PSA value than the Caucasian counterpart.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		