Reviewer's report

Title: The Apparent Diffusion Coefficient (ADC) Ratio: Can it be Used as an Adjuvant Tool for Prostate Cancer Assessment of Tumor Aggressiveness?

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Reviewer: Ankur Goyal

Reviewer's report:

The authors have sufficiently answered the queries of both the reviewers.

However I have few serious concerns myself:

The fact that MRI was done post biopsy (& that too after a 20 core saturation biopsy) could have significantly altered the ADC values. Even though the authors excluded 5 patients owing to post-biopsy hemorrhage (detected on MR), I am of the opinion that little / microscopic hemorrhage (not detected on MR), inflammation & distortion could have significantly altered the ADC values and thus undermine the clinical utility of the manuscript

The ADC map image (Figure 2) provided is far from optimal . the authors say that the image interpretation was performed on a PACS system with high quality imagines, good resolution and good lesion detection. If that's the case, there should not be a problem in providing better images. Relying on the ADC values upto two decimal places is not possible with the image quality provided

Normal central and peripheral zone ADC values in group with Gleason 6 and 7 were significantly lower than those with Gleason 8 and 9. The authors ascribe this to younger patients in latter group. This means age is definitely a confounding factor here & thus the ADC ratios calculated are biased. It would have been appropriate to have age - matched patients in the two groups so that the ADC ratios are free from this bias

Minor issues

table 3 : cut-off tumor ADC value should read 0.82