Reviewer’s report

Title: Incidence, Mortality Patterns and 5-year Relative Survival Ratio of Prostate Cancer among Residents in Singapore from 1968 to 2002

Version: 3 Date: 1 July 2008

Reviewer: Matthew R Cooperberg

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The article is improved based on reviewers’ suggestions. Although there are still some fundamental, likely unsolvable, statistical issues regarding small samples and large amounts of missing data, I do believe this article should be published because it provides insight into an unique, ethnically diverse population of patients. A few final recommendations, all of which I consider Minor Essential:

1. The abbreviation GLOBOCAN should be defined (p1, Background)
2. The explanation to prior major revision #2 (re: use of DCO as a measure of quality) seems generally reasonable. However, using death certificates as the measure of unreported cancers will miss cancers which have been diagnosed and unreported but did not yet cause mortality. This is a potentially important limitation which should be noted in the discussion.
3. The authors’ response to prior major revision #4 (re: trends in overall ASR in Singapore) note a decrease in ASR from 7.7 to 4.59 from 1970-2000. This is a 40% decline, which I’m not sure qualifies as “gentle.” This trend really should be adjusted for in the analysis, or at the very least mentioned in the discussion section.
4. p8: it is not clear what is meant that PSA was introduced “on an opportunistic basis.”
5. I still believe (see major revision #8), that one of the most interesting observations in this paper is the fact that although the RSR for prostate cancer is 3-fold higher in India than in China as stated in the background, in Singapore, Chinese are more likely to be diagnosed and to die of prostate cancer than Indians—and the difference is growing over time. Removing the paragraph does not answer the question! While explaining this phenomenon will likely be speculative, the authors should address at least some possible cause(s) in the discussion. Are the ethnic subpopulations of Chinese and Indians in Singapore, which presumably do not reflect the full ethnic diversity of China and India, more prone to prostate cancer? Are there differences in diet which may be the cause? Cultural differences in health-care seeking behavior? Again, I do not expect the authors to have firm answers to this question, but they should be in a good position to at least address the question.
6. The English is improved. There are still a few errors (e.g. last paragraph of Background, “How has the … rates … changed over the years,” should be “How HAVE the rates”). These are relatively minor. The paper should be checked for
grammar once more by the authors, and by the journal's editorial staff.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests