Reviewer’s report

Title: Clinically Significant Prostate Cancer Diagnosed Using a Urinary Molecular Biomarker-based Risk Score: Two Case Reports

Version: 0 Date: 03 May 2019

Reviewer: Jose Rubio-Briones

Reviewer's report:

This is a simple case report on 2 men with one of the commonest conundrums a urologist face in every day practice, that of a persistent suspicion of Prostate Cancer but a negative biopsy, with the corresponding anxiety at the patient side

Although its simplicity, it stress the need of utilizing all the tools EUA Guidelines propose to individualize the need for a second biopsy

The authors propose SelectMDx in a clear way in these two cases as an easy tool to help in this decision, combined with mpMRI for its optimization. It could be argued the role of direct mpMRI after a negative previous biopsy, but as the second case shows, targeted biopsies do not always find the tumour and should be done together with mapping biopsies, as Guidelines recommend

Having sais this, the authors;

- in the abstract, normal DRE findings should be mentioned
- have to further explain the role of mpMRI in the introduction
- have to limit comments such as "However, routine TRUS biopsy can miss some cancers in 20-30% of the cases because it is systematic, non-targeted, and directed toward the peripheral gland";

"the physician is challenged by the lower diagnostic yield upon repeat biopsy (10-35%) and the additional anxiety, physical discomfort and complication risk a biopsy will cause " ; I think these comments should be done at the introduction or the discussion

- the cases can be shortened
- UTI should be ruled out in the second rise of PSA
- Should avoid repiting recommendations on when to biopsy following ERSPC RC in the text (exposed in case reports and discussion)...
Due to the simplicity of the message, but its role in managing daily consultations, the CASE REPORT paper should be shortened as much as possible

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I have worked with different urine biomarkers for the last 10 years and my Hospital Administration has received some reimbursement for the freezing and shipping of the examined urine samples

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