Nephro-Urology Monthly
Volume 16 · Issue 2 · e141425

OPEN PEER REVIEW

Is It a Necessity to Revise Normal Level of Prostate-Specific Antigen in Patients with Chronic Kidney Disease?

Anahita Ansari Djafari, Babak Javanmard, AmirHossein Eslami, Esmat Ghanei, Zahra Davoudi, Seyyed Ali Hojjati, Mahboobeh Freidoon

SUBMITTED	REVISED	ACCEPTED	DOI
25 Sep 2023	5 Feb 2024	9 May 2024	10.5812/numonthly-141425

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

Contents

1 **Original submission** Associate Editor 2
2 **Revision 1** Associate Editor 3
Authors' reply to reviewers 4
Reviewer and editor comments 8

1 Original submission

1 comment · 27 Dec 2023

Associate Editor

MAJOR REVISION 27 Dec 2023

Major Revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Thank you for your comments , these are the responses to the comments :

Reviewer 1:

Comment 1. In the introduction part you should mention the importance of your study topic by mentioning the gap of knowledge in the literature . I think the results of this study could be easily assumed from other literatures

Response 1 . (In patients with chronic kidney disease (CKD), prostate biopsies can be accompanied by several complications, such as sepsis and bleeding, due to the impaired kidney function. To mitigate these unwanted consequences, it may be beneficial to limit the interval between prostate-specific antigen (PSA) tests before biopsy in CKD patients.).

This text was added to the introduction section, and the previous text was slightly changed to better reflect the purpose of the study. All changes are highlighted.

Comment 2. The method part should be changed basically. In the method part you classified patients by their PSA but in the result part you classified patients by their GFR.
On the other hand You should mention the criteria of considering patients as CKD patients.

Response 2 . Inclusion criteria include male patients, definitive diagnosis of CKD by a nephrologist based on criteria such as proteinuria and GFR reduction, as well as age over 40 years.

The GFR of all patients was calculated using Cockcroft's formula and the patients' age, weight, and urinary creatinine levels. Based on the GFR number, we divided the patients into 3 groups: more than 90, 60-90, and less than 60. It should be noted that stage 3, 4, and 5 CKD were grouped together. Considering the differences in the normal ranges of PSA in various age groups, the patients in each age group were divided into two groups of normal and abnormal based on their PSA levels.

This text was added to the method section. All changes are highlighted.

Comment 3. In the results part we don't see any p-values which shows us the significance level of the findings. You should mention the p values of all subgroup analysis in your table and also mention the total p-value of your major findings in the text.
Furthermore in the method part you mentioned that you collected some demographic data but we don't see the results of the demographic data. We do not see table of characteristics and we do not see testing the relevance between demographic data and your dependent variables

Response 3.

We use 95% confidence interval instead of p-values.

Table 1

Two p-value for ANOVA is presented.

Enter your summary data here...

Group Name	N (count)	Mean	Std. Dev.
Group 1	64	0.8	0.142857143
Group 2	72	0.91	0.21646126
Group 3	16	1.44	0.43877551
Group 4			
Group 5			
Group 6			
Group 7			
Group 8			
Group 9			
Group 10			

Desired confidence level for post-hoc confidence intervals: 95

Compute

ANOVA Table...

Source of Variation	Sum of Squares	d.f.	Variance	F	p
Between Groups:	5.2552	2	2.6276	52.1991	0.0000
Within Groups:	7.5003	149	0.0503		
Total:	12.7555	151			

Post-hoc tests...

```
Tukey HSD Post-hoc Test...
Group 1 vs Group 2: Diff=0.1100, 95%CI=0.0188 to 0.2012, p=0.0136
Group 1 vs Group 3: Diff=0.6400, 95%CI=0.4916 to 0.7884, p=0.0000
Group 2 vs Group 3: Diff=0.5300, 95%CI=0.3832 to 0.6768, p=0.0000
```

Enter your summary data here...

Group Name	N (count)	Mean	Std. Dev.
Group 1	64	0.23	0.06122449
Group 2	72	0.28	0.064938378
Group 3	16	0.45	0.102040816
Group 4			
Group 5			
Group 6			
Group 7			
Group 8			
Group 9			
Group 10			

Desired confidence level for post-hoc confidence intervals: 95

Compute

ANOVA Table...

Source of Variation	Sum of Squares	d.f.	Variance	F	p
Between Groups:	0.6209	2	0.3104	66.8686	0.0000
Within Groups:	0.6917	149	0.0046		
Total:	1.3126	151			

Post-hoc tests...

```
Tukey HSD Post-hoc Test...
Group 1 vs Group 2: Diff=0.0500, 95%CI=0.0223 to 0.0777, p=0.0001
Group 1 vs Group 3: Diff=0.2200, 95%CI=0.1749 to 0.2651, p=0.0000
Group 2 vs Group 3: Diff=0.1700, 95%CI=0.1254 to 0.2146, p=0.0000
```

Table 2

The p-value is in the text.

Table 3

The p-value is not available directly.

Table 4

The p-value is not available directly

In the result text, some descriptive statistics are presented. In table 2, the relationship between GFR and Age and PSA are presented. In table 3, the relationship between BMI and PSA are presented.

All the static part answered by biostatic expert(Mohammad Fayaz

PhD in Biostatistics, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Comment 4. In the discussion part you should mention major findings and compare it with findings of other related studies. Furthermore you should mention the strengths and the weaknesses of your study.

Response 4. Several studies with similar and different results are mentioned and compared in the text. Parts were added and highlighted.

2 Revision 1

1 comment · 8 May 2024

Associate Editor

ACCEPT 8 May 2024

Accept