Peer Review File

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Reviewer #1

Thank you for submitting your paper. I have the following comments:

Comment 1: The whole paper needs a thorough revision of the English Language as some passages are hard to follow and there are some typos and grammatical errors in the manuscript and in the figure legends (e.g. 'this findings' in line 610).

- English revision of the text was made as suggested by the reviewer

Comment 2: Please review the acronyms throughout the manuscript and cite them in full only the first time they are mentioned (e.g. DWI in line 64 and 88). Please explain in full 'ADC' in line 89 and not in line 100. And so on.

- a text correction was made as suggested by the reviewer

Comment 3: What is the point of discussing the different types of dynamic curves (only mentioned in PI-RADS v. 1 guidelines) if these have been removed in the subsequent versions (i.e. v. 2.0 and 2.1)? Please comment.

- a text correction was made as suggested by the reviewer

Comment 4: The whole discussion from line 203 onwards should be rewritten keeping in mind the position paper from the PI-RADS committee that has just been published in AJR:

Schoots et al. PI-RADS Committee Position on MRI Without Contrast Medium in Biopsy Naive Men with Suspected Prostate Cancer: A Narrative Review

doi: 10.2214/AJR.20.24268

Please read it carefully and emphasise the need for prospective studies in which biopsy decisions are based upon biparametric MR. I would also strongly recommend to add a paragraph of the importance of high quality MRI before biparametric MR can be used. In this context, it would be reasonable to add the recent papers at this regard (doi: 10.1007/s00330-020-06929-z) and(doi: 10.1016/j.euo.2020.06.007).

- discussion was improved

Comment 5: A table summarising the most important findings from the studies comparing bpMRI vs mpMRI would be really appreciated.

Comment 6: References: please check carefully all the references. What does [Internet] mean for many of them? Please also check ref. 39 re: PI-RADS v. 2.1 and provide the correct reference.

- References were corrected

Comment 7: Fig. 2, line 609: I would replace 'in the right side of PZ' with 'in the right anterior horn'

- Caption was replaced

Reviewer #2

The manuscript GS-20-547-RV11-7492, submitted as a literature review to the Glad Surgery, is, at first opinion, an expert's consideration on a hardly debated topic. Although the aims are highly relevant to the scope of Glad Surgery, a careful reading of the manuscript reveals major defects that should be structurally tackled before publication.

Comment 1: Language: Although the title and the first page are written in a competent, clear, and concise language, the text quality rapidly declines after the first paragraph. The manuscript might have been written by various authors and not efficiently edited. Poor structure, paragraphs fragmentation (example on page 4, page 8), and grammatical failures that distort the scientific meaning are some of the major hampers. Indicative grammar corrections were performed up to page 4. A major spellchecking and proof editing is imperative.

- a text correction was made as suggested by the reviewer

Comment 2: The title does not reflect the content. Whereas title predisposes to a review paper dedicated to the mp-bp debate of the last years, the paper content is by more than 60% a technical manual on how-to-perform a prostate MRI. The title topic is tanged in the final paragraphs, eventually with incomplete references to the latest available literature.

- A main revision of the text was made according the suggestion

Comment 3: While the reviewer is a supporter of objectivity in expert field reviews, the current literature should be presented in grouped clusters that allow the reader to shape their own opinion. The general manuscript presentation is, on the contrary, a fast skimming through the available information instead of thoughtful insight.

- a text correction was made as suggested by the reviewer

Comment 4: P4L88-94 please phrase that DWI is an indicator of the extracellular space that might be restricted due to cellularity or edema, thus not a stand-alone biomarker for PCa. The authors might want to support this statement with more convincing literature in order to reflect the considerable evidence on the topic

Comment 5: P8L192 PCA is not always correlated with the expression of classical angiogenesis markers such as the VEGF, which reduces the sensitivity of DCE as a method and should be included in the literature.

- a text correction was made as suggested by the reviewer

Comment 6: Include Cosma et al. [1] in the bpMRI study list

- references was included

Comment 7: Figure 3: Please provide in the publisher's and author's permission for reproducing Fig. 3 graphs.

- Figure was replaced

Comment 8: Figure 3: it would be more constructive to collect all studies that support bpMRI or mpMRI is a table with a conclusion summary.

REFERENCES

[1] I. Cosma et al., 'The role of gadolinium in magnetic resonance imaging for early prostate cancer diagnosis: A diagnostic accuracy study', PLoS ONE, vol. 14, no. 12, p. e0227031, 2019, doi: 10.1371/journal.pone.0227031.