

Decision Letter (JCQ-2026-0005)

From:

To:

CC:

BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2026-0005

Body: 10-Feb-2026

Dear Dr Huang:

Manuscript ID JCQ-2026-0005 entitled "Risk Factors and Their Predictive Value for Benign Prostatic Hyperplasia: A Retrospective Observational Study in Seniors" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.

1. Access to <https://mc.manuscriptcentral.com/jcq> and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Richard S. Isaacs
Editor in Chief
Journal of Clinical Question

[Editor's Comments]
Associate Editor
Comments to the Author:

1. Check grammar and flow for minor errors.
2. Ensure all abbreviations are defined on first use in both abstract and main text.

3. Add ORCID IDs for authors if available

4. The intended clinical use of the nomogram is unclear. The authors should specify whether it is meant for screening, primary care risk stratification, or referral decisions, and how it would influence management.

[Reviewer(s)' Comments]

Reviewer: 1

Comments to the Author

This retrospective observational study evaluated risk factors for benign prostatic hyperplasia (BPH) in older men with lower urinary tract symptoms and developed a predictive nomogram using routine clinical variables. Among 4,168 participants, age, PSA level, hypertension, urine pH, and basophil percentage were identified as independent predictors. The model showed moderate discrimination (AUC 0.743) and acceptable calibration, suggesting potential value for individualized risk assessment.

1. The study defines BPH as prostate volume >30 mL in men with LUTS. This definition reflects prostatic enlargement rather than the full clinical syndrome of BPH, which often includes symptom severity, obstruction, or treatment status. The authors should briefly justify this cutoff and discuss how different definitions of BPH may influence the findings and generalizability.

2. The cohort includes men aged ≥ 60 years with LUTS who underwent prostate ultrasonography.

It would be helpful to clarify whether the patients were consecutively enrolled and whether the cohort represents outpatient, inpatient, or health-check populations. This information is important to assess potential selection bias. 3. While the discussion mentions potential clinical utility, the specific scenarios in which the nomogram would be applied are not clearly defined.

Reviewer: 2

Comments to the Author

Minor revisions:

1. The Introduction is overly long and should be substantially shortened. We recommend reducing it to approximately 200–300 words.

2. Regarding urine pH, the small between-group difference suggests a limited clinical impact at the individual patient level. A similar consideration applies to the observed difference in basophil levels.

Date Sent: 10-Feb-2026



Print



Close Window

Author's Response to Decision Letter for (JCQ-2026-0005)

Risk Factors and Their Predictive Value for Benign Prostatic Hyperplasia: A Retrospective Observational Study in Seniors

Dear Editor and Reviewers,

We sincerely thank the Associate Editor and the Reviewers for their careful evaluation of our manuscript and for their constructive comments and valuable suggestions. We have carefully revised the manuscript in accordance with these recommendations. A point-by-point response to each comment is provided below, and all corresponding changes have been incorporated into the revised manuscript. For clarity, modifications in the manuscript have been highlighted.

Responses to the Associate Editor

Comment 1. Check grammar and flow for minor errors.

Response: We have thoroughly revised the manuscript to improve grammar, clarity, and overall flow. The entire text has been edited for language consistency and readability.

Comment 2. Ensure all abbreviations are defined on first use in both abstract and main text.

Response: We have carefully checked the manuscript and ensured that all abbreviations are defined at their first appearance in both the abstract and the main text.

Comment 3. Add ORCID IDs for authors if available.

Response: ORCID IDs have been added for all authors who provided them.

Comment 4. The intended clinical use of the nomogram is unclear. The authors should specify whether it is meant for screening, primary care risk stratification, or referral decisions, and how it would influence management.

Response: We appreciate this important suggestion. We have clarified the intended clinical application of the nomogram in the revised Discussion section as follows "The integration of both established and newly identified factors into a nomogram offers potential clinical value. Unlike traditional risk assessment approaches that rely primarily on age, PSA, and prostate volume, this model incorporates routinely available laboratory and clinical parameters, enhancing its feasibility for use in general clinical practice. Such a tool may facilitate the early identification of individuals at increased risk of BPH, support personalized monitoring strategies, and inform shared decision-making, particularly in settings where advanced imaging or urodynamic testing is not readily available."

Responses to Reviewer 1

This retrospective observational study evaluated risk factors for benign prostatic hyperplasia (BPH) in older men with lower urinary tract symptoms and developed a predictive nomogram using routine clinical variables. Among 4,168 participants, age, PSA level, hypertension, urine pH, and basophil percentage were identified as independent predictors. The model showed moderate discrimination (AUC 0.743) and acceptable calibration, suggesting potential value for individualized risk assessment.

Response: We thank the reviewer for the positive evaluation of our study and helpful suggestions.

Comment 1. The study defines BPH as prostate volume >30 mL in men with LUTS. This definition reflects prostatic enlargement rather than the full clinical syndrome of BPH, which often includes symptom severity, obstruction, or treatment status. The authors should briefly justify this cutoff and discuss how different definitions of BPH may influence the findings and generalizability.

Response: Thank you for this important point. We have added a justification in both the Methods and Discussion sections. In the Methods, we now state: "A prostate volume ≥ 30 mL is commonly adopted as a pragmatic marker of clinically significant enlargement, especially in large retrospective datasets without consistent clinical detail." We also acknowledge the potential impact of this cutoff in the Discussion: "In addition, the use of a prostate size cutoff to define the study groups may have influenced the findings and their generalizability"

Comment 2. The cohort includes men aged ≥ 60 years with LUTS who underwent prostate ultrasonography. It would be helpful to clarify whether the patients were consecutively enrolled and whether the cohort represents outpatient, inpatient, or health-check populations. This information is important to assess potential selection bias.

Response: Thank you for your comment. We have clarified this information in the Methods section as follows: "This retrospective cohort included consecutive outpatients aged ≥ 60 years with LUTS at our institution."

Comment 3. While the discussion mentions potential clinical utility, the specific scenarios in which the nomogram would be applied are not clearly defined.

Response: As also noted by the Associate Editor, we have expanded the Discussion to clearly describe it "The integration of both established and newly identified factors into a nomogram offers potential clinical value. Unlike traditional risk assessment approaches that rely primarily on age, PSA, and prostate volume, this model incorporates routinely available laboratory and clinical parameters, enhancing its feasibility for

use in general clinical practice. Such a tool may facilitate the early identification of individuals at increased risk of BPH, support personalized monitoring strategies, and inform shared decision-making, particularly in settings where advanced imaging or urodynamic testing is not readily available.”

Responses to Reviewer 2

Comment 1. The Introduction is overly long and should be substantially shortened. We recommend reducing it to approximately 200–300 words.

Response: Thank you for your comment. We have shortened the Introduction to approximately 240 words, focusing on the key clinical background, knowledge gap, and study objective.

Comment 2. Regarding urine pH, the small between-group difference suggests a limited clinical impact at the individual patient level. A similar consideration applies to the observed difference in basophil levels.

Response: We agree with the reviewer. Although these variables were statistically significant independent predictors in the multivariable model, their absolute differences were small and may have limited standalone clinical relevance. We have added a statement in the limitation section “Moreover, the small between-group differences in urine pH and basophil levels warrant cautious interpretation regarding their clinical significance.”

We greatly appreciate the time and effort the Associate Editor and the Reviewers have devoted to improving our work. We believe that the revisions have strengthened the clarity, methodological transparency, and clinical relevance of the manuscript. We hope that the revised version meets the journal’s standards and look forward to your favorable consideration.

Sincerely,
Guixiao Huang,
Department of Urology, Shenzhen Luohu People’s Hospital
Email: huangxg71@163.com
on behalf of all authors

 Print  Close Window