Decision Letter (JCQ-2025-0027)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0027

Body: 10-Sep-2025

Dear Dr Peng,

Manuscript ID JCQ-2025-0027 entitled "Acupuncture for Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Comprehensive Review of Therapeutic Techniques and Mechanisms" 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 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,
Professor Richard Isaacs
Editor in Chief, Journal of Clinical Question
jcqeic@gleampub.com

[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

[Reviewer(s)' Comments]
Reviewer: 1

Comments to the Author
Your manuscript addresses an important clinical topic that would benefit the urological and integrative medicine communities. However, several areas require significant improvement to meet publication standards.

Major Revisions Needed
1. Methodological Framework

Current Issue: The manuscript lacks systematic review methodology despite claiming to be "comprehensive."

Required Action: Either adopt PRISMA 2020 guidelines for systematic reviews or clearly identify this as a narrative review. If maintaining systematic approach, include:

Systematic search strategy with databases, keywords, and date ranges

Clear inclusion/exclusion criteria

Quality assessment using validated tools (JADAD, Cochrane Risk of Bias)

PRISMA flow diagram showing study selection process

2. Literature Coverage and Currency

Current Issue: The review misses several recent high-quality systematic reviews and meta-analyses.

Required Action: Incorporate findings from recent systematic reviews, particularly:

2023 meta-analysis by Pan et al. (10 high-quality RCTs, 798 patients)

2025 network meta-analysis by Qin et al. (67 RCTs comparing 8 acupuncture techniques)

2025 meta-analysis by Fang et al.

3. Critical Analysis and Evidence Quality

Current Issue: The manuscript presents findings without critical evaluation of study quality or limitations.

Required Action:

Discuss heterogeneity in acupuncture protocols and outcome measures

Address methodological limitations noted in previous reviews

Evaluate evidence quality using GRADE or similar framework

Discuss standardization challenges in acupuncture research

Specific Content Improvements
4. Clinical Practice Integration

Strength: Good coverage of different acupuncture techniques and mechanisms

Enhancement Needed:

Integrate findings with current CP/CPPS management guidelines

Discuss patient selection criteria for acupuncture therapy

Address cost-effectiveness and accessibility considerations

5. Reporting Standards

Current Issue: Limited discussion of reporting quality in acupuncture research

Required Action: Address STRICTA guideline adherence in reviewed studies

6. Mechanistic Discussion

Strength: Comprehensive mechanism section

Enhancement Needed:

Distinguish between proposed mechanisms and empirically validated pathways

Discuss gaps in mechanistic understanding

Connect mechanisms to clinical outcomes more explicitly

Minor Revisions
7. Structure and Clarity

Improve section transitions and logical flow

Consider adding a summary table of key clinical trials

Enhance Figure 1 with clearer labeling and higher resolution

8. Clinical Recommendations

Provide more specific guidance on:

Treatment selection based on patient phenotypes

Integration with multimodal therapy approaches

Duration and frequency of treatment protocols

9. Future Directions

Expand discussion of research gaps and priorities

Address standardization needs for clinical implementation

Discuss regulatory and training considerations

Additional Considerations
Given your background in integrative approaches to healthcare and evidence-based practice, this review could significantly contribute to the field with proper methodological rigor. Recent evidence suggests acupuncture shows promise for CP/CPPS, but implementation barriers including protocol standardization and practitioner training remain significant challenges.

Consider collaborating with a systematic review methodologist to ensure proper adherence to established guidelines. The clinical importance of this topic warrants a high-quality, methodologically rigorous review that can inform evidence-based practice decisions.

Overall Assessment: The manuscript addresses an important topic with clinical relevance but requires substantial methodological improvements before it can provide reliable guidance for clinical practice. With appropriate revisions, this could become a valuable contribution to the literature on integrative approaches to CP/CPPS management.

Reviewer: 2

Comments to the Author
Comment 1. The manuscript occasionally reads more as an advocacy piece than a balanced review. While acupuncture's potential benefits are well-described, the discussion would be more rigorous if tempered with appropriate qualifiers. For example, broad claims such as "acupuncture exerts significant anti-inflammatory, immunomodulatory, and neuromodulatory effects" should be contextualized with phrases such as "in preclinical studies" or "based on limited clinical evidence." This adjustment would enhance the scientific credibility of the article and present a more objective appraisal.
Comment 2 Although randomized controlled trials and meta-analyses are referenced, the paper does not adequately critique the quality of this evidence. Methodological issues —including small sample sizes, blinding challenges, placebo effects, and risk of bias—are not sufficiently addressed. A more systematic evaluation of evidence quality (e.g., using GRADE or similar frameworks) would provide readers with a clearer understanding of the strength and limitations of current data.
Comment 3 The mechanistic discussion is detailed and scientifically rich, but much of it is derived from animal models and preclinical studies. The review would benefit from a stronger acknowledgment of the translational gap between mechanistic findings and clinical outcomes in humans. Explicitly highlighting this gap would prevent overinterpretation and maintain a critical perspective on the applicability of basic science evidence.
4 The review relies heavily on China-based research, which raises concerns about generalizability. A stronger integration of Western clinical guidelines, as well as patient perspectives and trial data from outside Asia, would broaden the paper's international relevance. Addressing this limitation would strengthen the article's appeal to a global readership and increase its value for international clinicians and researchers.

Date Sent: 10-Sep-2025

Author's Response to Decision Letter for (JCQ-2025-0027)

Acupuncture for Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Comprehensive Review of Therapeutic Techniques and Mechanisms

Dear Editor and Reviewers,

We would like to sincerely thank you and the reviewers for the thoughtful and constructive feedback on our manuscript. We greatly appreciate the time and effort invested in providing such detailed and insightful comments. Below, we provide a point-by-point response to all comments raised by the Associate Editor and Reviewers. We believe these revisions have significantly improved the clarity, rigor, and overall quality of our work.

Response to Editor's Comments
Comment 1. Check grammar and flow for minor errors.
Response: We thank the editor's comment on this point. We have thoroughly proofread the manuscript and corrected grammatical errors to improve readability and flow.
Comment 2. Ensure all abbreviations are defined on first use in both abstract and main text.
Response: We appreciate the editor's comment on this point. All abbreviations are now defined upon first use in both the abstract and the main text to ensure clarity for readers.
Comment 3. Add ORCID IDs for authors if available.
Response: We appreciate the editor's comment on this point. ORCID IDs have been added for all authors where available.

Response to Reviewer 1
Comment 1: Current Issue: The manuscript lacks systematic review methodology despite claiming to be "comprehensive.",
Response: We appreciate the reviewer's comment on this important point. We acknowledge the distinction between systematic and narrative review methodologies. In response, we have revised the manuscript to clearly state that it is structured as a narrative review rather than a systematic review. Additionally, we have modified the title to: "Acupuncture for Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Narrative Review of Therapeutic Techniques and Mechanisms" to provide clear justification for this approach.

Comment2: The review misses several recent high-quality systematic reviews and meta-analyses.
Response: We thank the reviewer for highlighting this gap. We have updated the literature coverage to include the 2023 meta-analysis by Pan et al., the 2025 network meta-analysis by Qin et al., and the 2025 meta-analysis by Fang et al. The revised manuscript now includes the following statement: "Acupuncture has demonstrated promising effects in symptom reduction across multiple studies, including a large randomized trial that reported sustained improvements at 32 weeks. Several recent meta-analyses have further confirmed its efficacy in alleviating symptoms and improving patient outcomes."

Comment 3: The manuscript presents findings without critical evaluation of study quality or limitations.
Response: We appreciate the reviewer's comment on this point. As noted in our response to Reviewer 1, Comment 1, this work is structured as a narrative review rather than a systematic review. Therefore, it is not applicable to use the GRADE framework to appraise the quality of the included studies.

Comment 4: Good coverage of different acupuncture techniques and mechanisms, but enhancement needed.
Response: We appreciate the reviewer's insightful comment on this point. We have revised the manuscript to explicitly integrate the findings with current CP/CPPS management guidelines, discuss patient selection criteria, and address cost-effectiveness and accessibility considerations. The revised section now reads: "An expanding body of empirical research and growing endorsement in international urological guidelines underscore the clinical relevance and integrative potential of acupuncture. This therapy may be particularly suitable for patients who have not achieved adequate symptom relief with conventional treatments or who prefer integrative approaches, provided they meet criteria such as the absence of contraindications and willingness to undergo repeated sessions. Importantly, considerations of cost-effectiveness and accessibility are central to clinical implementation. While acupuncture demonstrates promising therapeutic value, broader integration will require careful attention to insurance coverage, availability of trained practitioners, and healthcare system support to ensure equitable patient access."
Comment 5: Limited discussion of reporting quality in acupuncture research.
Response: We sincerely appreciate the reviewer's comment highlighting the importance of reporting quality in acupuncture research. In our study, we did not include specific randomized controlled trials (RCTs) to compare the outcomes of acupuncture in CP/CPPS. While the STRICTA guidelines are valuable for standardizing the reporting of clinical trials, they are not directly applicable to the current study design. Nevertheless, we acknowledge the relevance of reporting quality considerations and have added the importance of using STRICTA in the clinical trail as follows "The Standards for Reporting Interventions in Clinical Trials of Acupuncture guideline is commonly applied to enhance transparency and reproducibility in clinical trials of acupuncture for CP/CPPS, ensuring that intervention details are reported with sufficient rigor."

Comment 6: Distinguish between proposed mechanisms and empirically validated pathways.Discuss gaps in mechanistic understanding. Connect mechanisms to clinical outcomes more explicitly.
Response: Thank you for the constructive feedback. While I'm glad the comprehensiveness of the mechanism section came through, I will revise it to more clearly distinguish proposed mechanisms from empirically validated pathways, highlight gaps where mechanistic understanding remains limited or uncertain, and more explicitly connect mechanistic insights to clinical outcomes by showing how they inform therapeutic response, and patient stratification.

Comment 7: Improve transitions, add summary table, enhance Figure 1.
Response: Thank you for these helpful suggestions. To strengthen structure and clarity, I will refine section transitions to ensure a smoother logical flow and update Figure 1 with clearer labeling and improved resolution to enhance readability and interpretability. As this work is presented as a narrative summary, it is inherently difficult to comprehensively summarize the details of a table.

Comment 8: Provide more specific guidance.
Response: Thank you for this valuable feedback. Due to the fact that most RCTs involved small sample sizes and employed heterogeneous study designs with different approaches, as well as variability in acupoint selection, treatment duration, and frequency, it is difficult to draw high-certainty conclusions and propose definitive recommendations. We have incorporated this clarification into the manuscript as suggested. "However, most available RCTs remain constrained by small sample sizes, heterogeneous study designs, and inconsistencies in acupoint selection, treatment duration, and frequency, thereby limiting the certainty of conclusions. These methodological shortcomings underscore the need for larger, standardized trials to generate more robust and definitive clinical recommendations."

Comment 9: Expand discussion of gaps, standardization, and regulation.
Response: Thank you for the constructive suggestion. We have expanded the content to address key research gaps and priorities, including the need for larger, high-quality trials and mechanistic studies; emphasized the importance of standardization in acupoint selection, treatment protocols, and outcome measures to facilitate clinical implementation; and added considerations related to regulatory frameworks and practitioner training to support safe, consistent, and evidence-based practice, as follows: "Future research should prioritize large-scale, high-quality trials and mechanistic studies, with particular attention to standardizing acupoint selection, treatment protocols, and outcome measures. In addition, regulatory frameworks and practitioner training require further development to ensure safe, consistent, and evidence-based clinical implementation."

Response to Reviewer 2

Comment 1. The manuscript occasionally reads more as an advocacy piece than a balanced review. While acupuncture's potential benefits are well-described, the discussion would be more rigorous if tempered with appropriate qualifiers. For example, broad claims such as "acupuncture exerts significant anti-inflammatory, immunomodulatory, and neuromodulatory effects" should be contextualized with phrases such as "in preclinical studies" or "based on limited clinical evidence." This adjustment would enhance the scientific credibility of the article and present a more objective appraisal.
Response: Thank you for this important observation. We have carefully revised the manuscript to temper broad claims and ensure a more balanced and objective tone as follows "Although most mechanistic investigations have been conducted in animal models, evidence indicates that acupuncture exerts significant anti-inflammatory, immunomodulatory, and neuromodulatory effects."

Comment 2 Although randomized controlled trials and meta-analyses are referenced, the paper does not adequately critique the quality of this evidence. Methodological issues—including small sample sizes, blinding challenges, placebo effects, and risk of bias—are not sufficiently addressed. A more systematic evaluation of evidence quality (e.g., using GRADE or similar frameworks) would provide readers with a clearer understanding of the strength and limitations of current data.
Response: We appreciate the reviewer's point regarding the need for a more systematic evaluation of evidence quality. Although this work is a Narrative Review, we have expanded the discussion as follows: "The Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) guideline is commonly applied to improve transparency and reproducibility in acupuncture trials for CP/CPPS by ensuring that intervention details are reported with sufficient rigor.38 However, most available RCTs remain constrained by small sample sizes, heterogeneous study designs, and inconsistencies in acupoint selection, treatment duration, and frequency, thereby limiting the certainty of conclusions. These methodological shortcomings underscore the need for larger, standardized trials to generate more robust and definitive clinical recommendations.39 Future research should prioritize large-scale, high-quality trials and mechanistic studies, with particular attention to standardizing acupoint selection, treatment protocols, and outcome measures. In addition, regulatory frameworks and practitioner training require further development to ensure safe, consistent, and evidence-based clinical implementation."

Comment 3 The mechanistic discussion is detailed and scientifically rich, but much of it is derived from animal models and preclinical studies. The review would benefit from a stronger acknowledgment of the translational gap between mechanistic findings and clinical outcomes in humans. Explicitly highlighting this gap would prevent overinterpretation and maintain a critical perspective on the applicability of basic science evidence.
Response: We agree that much of the mechanistic evidence is derived from animal models and preclinical studies, which introduces limitations in translating these findings to clinical outcomes. To address this, we have revised the mechanistic section to explicitly acknowledge the translational gap, emphasizing the need for cautious interpretation and the importance of bridging studies to confirm preclinical observations in human populations. Specifically, we added the following: "While these mechanistic insights provide a valuable framework for understanding how acupuncture may influence neuromodulatory, immunomodulatory, and anti-inflammatory pathways, it is important to acknowledge that much of the supporting evidence originates from animal models and preclinical investigations. The direct translation of these findings to human patients with CP/CPPS remains uncertain, as interspecies differences in physiology, immune regulation, and neural circuitry can limit the generalizability of results. Moreover, clinical outcomes are often shaped by additional variables—such as patient heterogeneity, placebo responses, and variations in acupuncture protocols—that are not adequately captured in preclinical settings. Recognizing this translational gap emphasizes the need for cautious interpretation of mechanistic data and underscores the importance of rigorous clinical trials to validate these biological pathways in human populations."

4 The review relies heavily on China-based research, which raises concerns about generalizability. A stronger integration of Western clinical guidelines, as well as patient perspectives and trial data from outside Asia, would broaden the paper's international relevance. Addressing this limitation would strengthen the article's appeal to a global readership and increase its value for international clinicians and researchers.

Response: We appreciate the reviewer's concern regarding the generalizability of the evidence. To address this, we have revised the discussion to read: "Much of the current evidence on acupuncture for CP/CPPS originates from China, which raises concerns about its applicability across different healthcare systems and patient populations. Differences in cultural context, clinical practice, and study design may influence reported outcomes, underscoring the need for validation in more diverse settings. Future research should prioritize large-scale, high-quality international trials and mechanistic studies, with particular attention to standardizing acupoint selection, treatment protocols, and outcome measures. In addition, the establishment of clear regulatory frameworks and structured practitioner training will be critical to ensuring safe, consistent, and evidence-based clinical implementation."

We sincerely thank the reviewers and the editorial team for their insightful feedback, which has been invaluable in strengthening our manuscript. We believe that the revisions have substantially enhanced the methodological rigor, balance, and clinical relevance of our review. We hope that the revised manuscript now meets the high standards of Journal of Clinical Question.

Thank you for your kind consideration.
Sincerely,
Xunchao Peng
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Email: 13983666722@163.com

1. Response letter.pdf PDF