**Feasibility of Utilizing of UCSF-CAPRA Score in the Management of Patients with Prostate Cancer: A Pilot Study in a Limited Resource Setting.**

**Responses to reviewers**

**Reviewer 1**

Authors evaluated the function of UCSF-CAPRA score to judge the disease risk

Of PCa patients in Tanzania. There are some revisions should be concerned.

1.    For UCSF-CAPRA score, the age groups are divided by 50 years old, please

modify Table 1 about Age.

**Response**: The table has been modified accordingly

2.    Please simplify Table 3, just the subgroup of 1-2/3-5/6-10 is OK.

**Response**: The table has been recast to reflect only the groups as advised.

3.    Is there any prognosis information of all the enrolled patients? In the

current study, authors only described the clinical treatment of the patients

should be treated and actually treated, but no data show the efficiency of

the treatments, the results are very weak.

**Response**: We have now cast the study as a pilot study as the number of patients was relatively small and the follow up was limited, the aim being to test the feasibility of UCSF-CAPRA score in prostate cancer risk assessment in a low resource setting. A larger study with adequate follow up would address the issues of efficacy and comparative prognosis of applying the UCSF-CAPRA scoring system in a low resource setting.

4.    There are some spelling and grammar errors should be modified.

**Response**: Care has been taken to rectify grammar and spelling errors throughout the manuscript.

**Reviewer#2:**

O.E.Sukunala and co-authors reported Utilization of CAPRA score in the

Management of patients with Prostate Cancer: The practice in Low Income

Countries. The aim of this study was to assess the practicability of

introducing and utilizing the UCSF-CAPRA score tool in risk assessment in a

low resource setting, the conclusions have demonstrated that according to

this tool, the majority of patients can receive appropriate treatment if the

use of the UCSF-CAPRA score was adopt. However, this study possesses very

weak clinical significance.

TNM, PSA and gleason score can be used in

patient management more effectively. Furthermore, the the design of this

experiment are muddledness. In addition, this cross sectional study was

conducted in only a localized hospital, and the data was collected from only

50 patients. As a descriptive cross sectional study, the sample size is too

small. Therefore, we think it can’t represent the situation in a resource

poor setting as described in the author’s conclusion.

**Response:** i) The study was aimed at verifying whether the validated UCSF-CAPRA scoring tool can be deployed meaningfully in a low resource setting and it did demonstrate that there was a large difference in approach to treatment compared with common practice.

ii) The study was conducted in three hospitals in one large Tanzanian city, so indeed it is not generalizable to all poor settings. We have avoided that presumption by modifying the title accordingly. We agree 50 is a small number of patients, so we are presenting this as a pilot study to pave way for a larger study with adequate numbers of patients and adequate follow up. We modified our discussion and inferences and conclusions.

iii) It is true that TNM, PSA and Gleason score can be utilized for decision on patient treatment as conventionally done, but UCSF-CAPRA score is a validated system which uses these three criteria as well as patient age and a factor of the cancer density in biopsy cores, making it more objective.