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Comment on "A meta-analysis of influence of MSMB promoter rs10993994 polymorphisms on prostate cancer risk"

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Dear Editors,

With strong interests, we had read a recent article, "A meta-analysis of influence of MSMB promoter rs10993994 polymorphisms on prostate cancer risk"[1], which was published online in European Review for Medical and Pharmacological Sciences. However, we had a great conversation about several important issues about this meta-analysis.

First, all included case-control studies were published before December 2015, which was outdated, so this meta-analysis should be updated. In addition, several articles may be left out. Based on above two factors, we reidentified related articles about the MSMB rs10993994 polymorphism on prostate cancer (PCa) risk. We found other literature involving 8 cases-control studies (21808 PCas and 20326 controls). We listed the characteristics of the additional studies in Table I[2-8].

Second, classical meta-analysis should include five genetic models, including allelic comparison, homozygous model, heterozygous model, dominant comparison, and recessive comparison[9]. There were only four genetic models to analysis the associations between rs10993994 polymorphism and PCa risk. The heterozygous model (CT *vs.* CC) also should be included in the paper.

Third, it was necessary to assess the included research literature, the quality of observational studies usually was evaluated by the Newcastle-Ottawa Scale (NOS); moreover, **PRISMA 2009 checklist** also should be shown. To better understand the correlations of rs10993994 polymorphism and PCa susceptibility, other evaluation indicators should be looked out. We maybe pay more attention on whether the polymorphism has certain correlations with Gleason score and TNM stage, which may offer significant markers for the diagnosis and prognosis of PCa and contribute to explaining the heterogeneity.

Table I. Characteristics of the additional studies in the meta-analysis.

Authors	Year	Population	Ethnic group	Numbers		P for HWE	Genotype methods
				PCa	Control		
Mhatre et al[2]	2015	Indian	Asian	50	30	0.171	PCR
Shui et al[3]	2014	Americans	Caucasian	10487	11024	0.996	Taqman
Ho et al[4]	2012	Scotland	Caucasian	242	264	0.406	PCR
Chang et al[5]	2011	African	African-American	4040	3748	0.996	PCR
Eeles et al[6]	2008	British	Caucasian	1854	1894	0.955	Hapman
Eeles et al[6]	2008	British Australians	Caucasian	1960	2104	0.992	Hapman
				1308	1262		
Wang et al[7]	2009	Chinese	Asian	200	200	0.0003	PCR
Cui et al[8]	2012	Chinese	Asian	1667	1525	NA	PCR

Abbreviations: PCa, Prostate cancer; HWE, Hardy-Weinberg equilibrium; NA, not available.

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Conflict of Interest

The Authors declare that they have no conflict of interests.

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