Peer Review File

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Reviewer A

The paper highlights the importance of investigating PFS. The overall aim is good although the sample size is too small to report any statistical significance. It would be advised to increase the number of men recruited to your study and then report on the data. PFS is not a rare phenomenon as you report and occurs in young as well as older men. The readability of the paper is difficult, and grammar should be revised.

I suggest major revision, sample too small and readability is difficult. English is not clearly written or grammatically correct. Some of the information reported is also incorrect. The authors refer to this as a study, this is not a study, it is a case report and should be published as such.

Reply 1: Thank you for your comments. Although PFS is not rare, we aimed to find out the characteristics of young patients with severe symptoms and suicidal tendencies in this study. Therefore, we only selected a few patients for the study. Your comments are very enlightening to us and we are currently enrolling new patients and will continue the study.

Reply 2: The manuscript was polished by a native English speaker in AJE and the credit has been attached as a separate file.

Reply 3： We have corrected the category as case report.

Reviewer B

The manuscript must carefully avoid a suggestion of causality, which cannot be inferred from the study results. On Line 50, the following statement appears: “Some genes are altered in PFS patients.” This suggests causality. “Some genes are abnormal in PFS patients” is more appropriate. Determining whether these abnormalities were present prior to finasteride treatment, or occurred after treatment was initiated requires further study.

Beginning on Line 169, the authors correctly identify some limitations. I think the inclusion of a more specific statement such as “Genomic abnormalities could have been pre-existing, rather than caused by finasteride. A more definitive study would be prospective, with baseline genomic studies, repeated periodically, and then correlated with patients with and without PFS symptoms” would be helpful to avoid inappropriate conclusions by the reader.

I do think the results are interesting and worth publishing. If the identified genomic abnormities are indeed specific to the PFS population, then determining if they are preexisting or occur after treatment initiation would allow the development of a screening protocol.

Reply 1: We appreciate your valuable comments. We have made updates in the manuscript in response to the problems you raised.

Changes in the text: Some genes are abnormal in PFS patients. (see Page 3, line 50)

Reply 2: We appreciate your valuable comments. We have made updates in the manuscript according to your valuable advice.

Changes in the text: Genomic abnormalities could have been pre-existing, rather than caused by finasteride. A more definitive study would be prospective, with baseline genomic studies, repeated periodically, and then correlated with patients with and without PFS symptoms.
(see Page 9, lines 169-172)