

Format for ANSWERING REVIEWERS



Feb 4, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Patients with IBS-D have lower disease-specific quality of life than IBS-C

Author: Prashant Singh, Kyle Staller, Kenneth Barshop, Elaine Dai, Jennifer Newman, Sonia Yoon, Shahar Castal, Braden Kuo

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO:

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated as suggested by the Editorial Board.

- We also revised our statistical analysis as per the suggestions from bio-statistician and the results and tables have been modified as per new statistical analysis. This just involved adjusting our results for age and gender and did not affect any of the outcomes described in original manuscript significantly.

2 Revision has been made according to the suggestions of the reviewer

1) Reviewer 1

- a) Please recheck the sequence of citations and reference numbers to match the numbers cited in the text. For example, introduction ended with reference #17, then Methods: Study Population: started with reference #20 that did not match what was presented in the reference section. I found that reference #18 showed later under Disease-related QOL.
 - Thanks for pointing this out. We have now updated the sequence of citations and references to match the numbers cited in the text.
- b) Under Assessment of gastrointestinal symptom severity, you mentioned that "Although PAGI-SYM is not validated in IBS-patients," Have you tested the validity and reliability of this questionnaire for use in only IBS patients?
 - We did not test the validity of this questionnaire in only IBS patients. Although PAGI-SYM has not been validated as a measure of symptoms severity in IBS patients, the components of the PAGI-SYM score, including bloating, lower abdominal pain, upper abdominal pain, and early satiety are all domains used to assess IBS symptom severity in IBS severity scales. PAGI-SYM was used in our study as it is routinely administered to every patient coming to our functional gastrointestinal disorder clinic. We tried using this score as surrogate of severity in IBS patients acknowledging this has not been validated in this population. We have tried explaining this rationale in discussion section.
- c) Could you please recheck and clarify the number of IBS patients that remained in the study or were added into the analysis? 251 IBS patients were screened and nine were excluded due to insufficient information to add them into IBS

subgroups (251 - 9 = 242). Your calculation was that 243 patients remained in the study.

- Thanks for the comment. We apologize for this mistake. 8 patients were excluded due to insufficient data and 243 were remaining. We have updated these numbers in results section.
- d) References: Many references (~33%) are more than 10 year old. Would you be able to find more up-to-date references? Please reorganize the numbers.
 - We agree with the reviewer and have updated our reference list to include more up to date references.

Reviewer 2:

- a) The references number need to be sequenced , please check and rearrange them.
 - Thanks for pointing this out. We have now updated the sequence of citations and references to match the numbers cited in the text.
- b) Page 6 Line 9 before the [20], the dot need to be deleted; Page 10 Line8 U.S. and Line 6 US is that the same?
 - We agree. We have deleted the dot. Yes, both (U.S. and US) are the same and we have modified the text to reflect the same.
- c) Page 7 Line 2, about the 34-item questionnaire assessing quality of life along eight domains, but in fact the detail just contain 7 domains, please recheck that
 - Thanks for pointing this out. There are eight domains. We have added the eighth domain (food avoidance) in the text.
- d) The total IBS patients is 251, and 9 patients excluded, and the remaining is not 243, please check it and corrected the number and the real number of the different IBS sub-type in results.
 - Thanks for the comment. We apologize for this mistake. 8 patients were excluded due to insufficient data and 243 were remaining. We have updated these numbers in results section.
- e) IBS sub-type include 4, and every result just contain 3, and lost the IBS-U, please add to describe the result on sub-type IBS-U , and also corrected these in the Table 1,2, because the titles of the tables just said “among four IBS subtypes” .
 - We purposefully excluded the results of IBS-U subgroup given their small size (only 12 patients) which makes it difficult to draw meaningful statistical conclusion. In addition, the clinical significance of this IBS subgroup is not very clear and well described. We have described this rationale in Page 10 1st paragraph. We have corrected the titles of Table 1 and 2 and updated the titles to reflect “ among three IBS subgroups.”

3 References and typesetting were corrected

Thank you again for considering our work for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Prashant Singh
Braden Kuo