

PEER-REVIEW REPORT

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Title: Prognostic significance of red blood cell distribution width in gastrointestinal disorders

Reviewer's code: 01047360

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This paper reviews the research on RDW as a potential biomarker for some GI disorders. In general, this is an extremely well-written information, full of information that is carefully and critically analyzed. It is probably in the top 10% of papers I have reviewed. Comments: P 5, 2nd paragraph – please explain more fully about how and why volume of a RBC cell decreases as it ages. Also, explain more clearly why RDW increases in severe disease – is this because cells age and are replaced more slowly, or because smaller immature RBC's are produced P 24 – the following sentence does not make sense: “A RDW value of 14.8% was predicted mortality in 77% cases [61].” There is a need for a careful proofing of the paper. There are many minor typos, such as in the first sentence of the conclusion: “RDW may be a useful a prognostic factors” I noticed that LabCorp has a reference range for RDW from 12.3 to 15.4 (for adult women). Please comment on reference ranges, as it appears that many people in the general population have RDW values above the typical cut-offs for increased risk of



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disease In the conclusion, please comment on what seems to be a common cut-off for an RDW above which there is increased risk. Also, please comment that increased RDW seems to be an indicator for severe GI disease, but possibly not for milder GI disease such as IBS. Comment for future work I wonder if looking at the full distribution graph would be more informative than just RDW, which is a single number. In other words, I suspect that a more sensitive test could be created by looking for example at the fraction of cells that are unusually small, etc. Just a suggestion for future work.