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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36534

Title: Rifaximin ameliorates hepatic encephalopathy and endotoxemia without affecting the gut microbiome diversity

Reviewer's code: 02822816

Reviewer's country: Romania

Science editor: Ze-Mao Gong

Date sent for review: 2017-10-05

Date reviewed: 2017-10-07

Review time: 2 Days

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

To the authors, I read with interest your work. I have no comments. Congratulations.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36534

Title: Rifaximin ameliorates hepatic encephalopathy and endotoxemia without affecting the gut microbiome diversity

Reviewer's code: 00182114

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-10-05

Date reviewed: 2017-10-08

Review time: 2 Days

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 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Antibiotics have been administered in the treatment of HE, usually employed as second-line therapy. The mechanism is thought to relate to decreased colonic deaminating bacteria that produce nitrogenous compounds (i.e. ammonia) by metabolism of urea. The most common antibiotics used on a historic basis for HE include neomycin and metronidazole. Neomycin is approved as adjuvant therapy in hepatic coma. Metronidazole is not approved for HE. Neomycin is better studied than metronidazole . There are several controlled trials involving neomycin. Most studies, including those with metronidazole, are small and uncontrolled. Few support the use of either antibiotic for treatment of HE. Furthermore, long-term use of neomycin is limited by ototoxicity and nephrotoxicity Rifaximin is a poorly absorbed, oral antibiotic . It is derived from rifamycin and has a broad spectrum of activity against Gram-positive and



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Gram-negative, aerobic and anaerobic, enteric bacteria. It is thought to diminish deaminating enteric bacteria to decrease production of nitrogenous compounds that are subsequently absorbed and cause HE. I ask some questions to author. 1. Therefore, please comment the mechanism for the decreased NH₃ with Rifaximin from the point of Gram-positive and Gram-negative, aerobic and anaerobic, enteric bacteria. 2. I think decreased endotoxin was due to improvement of intestinal tight junction by Rifaximin. Therefore ,please comment intestinal barrier function parameter with Rifaximin. 3. How about amino acid level with Rifaximin?



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36534

Title: Rifaximin ameliorates hepatic encephalopathy and endotoxemia without affecting the gut microbiome diversity

Reviewer's code: 03253490

Reviewer's country: Turkey

Science editor: Ze-Mao Gong

Date sent for review: 2017-10-05

Date reviewed: 2017-10-15

Review time: 10 Days

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 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The study is investigating 'the impact of rifaximin on the endotoxin activity and gut microbiota identified by 16S ribosome RNA (rRNA) gene sequencing in patients with decompensated cirrhosis. New studies /reviews suggest that ' Rifaximin may have beneficial actions beyond its direct antibiotic activity. Rifaximin's clinical activity may be attributed to effects on metabolic function of the gut microbiota, rather than a change in the relative bacterial abundance'. The discussion part may be updated by adding new reviews and studies focused on this topic.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36534

Title: Rifaximin ameliorates hepatic encephalopathy and endotoxemia without affecting the gut microbiome diversity

Reviewer's code: 03567380

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2017-10-05

Date reviewed: 2017-10-16

Review time: 11 Days

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 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The case control study by Kaji et al. describes the use of rifaximin for the management of HE that results from decompensated liver cirrhosis. The authors describe an improvement in ammonia, endotoxin and neurocognitive assessments in subsets of patients without a significant change in the composition of the gut microbiome. The authors perform the study well and acknowledge a significant area of concern due to the low number of patients. That being said, there are a few areas the authors should address to improve this report which are listed below: 1) How many patients were included in the analysis with the high endotoxin activity (>0.4), delayed NCT and the high ammonia groups? Are these the same patients? The number of patients of each group should be included in the results and figure legends. This information (regarding the split of the groups) should be included in the methods or results. 2) Table



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1 should include the scores after the 4 weeks of rifaximin treatment (or it could be included as a second table). Any significant differences should be discussed in the text.