



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 53581

**Title:** Clinical Significance and Prognostic Value of Tumor Necrosis Factor- $\alpha$  and Dickopff Related Protein -1 in Ankylosing Spondylitis

**Reviewer's code:** 03477174

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's country:** Turkey

**Author's country:** China

**Manuscript submission date:** 2019-12-25

**Reviewer chosen by:** Ruo-Yu Ma

**Reviewer accepted review:** 2020-01-03 04:15

**Reviewer performed review:** 2020-01-07 07:10

**Review time:** 4 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://www.wjgnet.com**

#### **SPECIFIC COMMENTS TO AUTHORS**

Minor Comments 1. Table 1 has poor intelligibility and visuality. Change the first row in Table 1. For example; study group, before treatment; study group after treatment; control group; p-value. Delete  $\chi^2$  / t value. 2. Add the terms before and after for the Tables II and III titles. 3. Table 4 is unnecessary. Please delete. Because your univariate analysis results are not significant.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 53581

**Title:** Clinical Significance and Prognostic Value of Tumor Necrosis Factor- $\alpha$  and Dickopff Related Protein -1 in Ankylosing Spondylitis

**Reviewer's code:** 02445760

**Position:** Editorial Board

**Academic degree:** MD, MSc

**Professional title:** Doctor, Professor

**Reviewer's country:** Argentina

**Author's country:** China

**Manuscript submission date:** 2019-12-25

**Reviewer chosen by:** Ruo-Yu Ma

**Reviewer accepted review:** 2020-01-09 14:10

**Reviewer performed review:** 2020-01-16 14:14

**Review time:** 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

## **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting paper on the value of DKK1 and TNF alpha levels for the diagnosis and prognosis of AS. There are however several points that should be considered. 1) The control population selected do not pose any challenge for the diagnosis of AS, as they do not have low back pain. What is the usefulness of a tool that discriminate patients with a disease with those that by no means could have that disease?. I think that if the authors want to focus in the diagnosis value of this measurements a population that represents a differential diagnosis should have been selected. Also if we are talking about diagnosing AS, this measurements should be able to discriminate AS from no-radiographic Axial SpA, something that is very unlikely. 2) On the other hand, in the discussion the authors focused on the importance of early diagnosis and they have studied AS, that is not considered an early disease, as it already has radiographic damage. It is hard to believe that selecting consecutive patients with AS, the mean disease duration is 1.5 years. Could you please verify and explain how were patients selected to achieve this?. I assume that by course of disease you mean disease duration? 3) Under "Difference of DKK-1 expression between the two groups", there is a mistake as says that HLAB27 correlates and does not correlate with DKK-1 levels. 4) Related to the same issue, although the correlations between PCR and ESR, Iggs and DKK-1 are significant the correlation is very poor ( $r=0.1..$ ), this should be considered and discussed. 5) Related to correlations it is not clear if the correlations were only at baseline or after treatment?, please clarify, if they are only before treatment, how was the correlation after treatment? 6) There is no mention on how where patients treated. Please include information on current and previous treatments, it is relevant as different treatments might have different effects on TNF and DKK-1 levels. 7) Curative effect was defined as achieving ASAS 20?. Perhaps the correct term is responders (not curative) 8) How was



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

recurrence defined? Please provide a definition. 9) Why are you in figure 5 correlating a continuous variable with a dichotomous one?. What is the meaning of that?. It would be more explicatory to compare mean values between them. 10) According to figure 5 those patients with lower levels of DKK-1 were the non-responders? and those with high levels of TNF were the non-responders? How do you interpret this feature? 11) As mentioned at the beginning under discussion with this study you could not conclude that DKK1 and TNF measurements are useful for the diagnosis of AS. 12) Tables and figures should be auto explicatory. Please provide the summary measure used (mean, median, %) in each variable of the tables, and complete titles: Univariate and multivariate analysis of what? 13) In table 1. What do you mean by HLAB27: 75 (I assume that is 75%) before treatment and 13.27 (%?), after treatment?. Do you mean that HLAB27 became negative in a large number of patients?. Please clarify

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No