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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 31493

**Title:** Variability of anti-human transglutaminase testing across Mediterranean countries

**Reviewer's code:** 03261349

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-11-22 19:05

**Date reviewed:** 2016-11-29 18:57

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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" 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 type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" 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

The aim of the paper by Smarrazzo et al was to evaluate the variability of different ELISA kits for antitransglutaminase assay in different European countries. The main drawback is that a gastroenterology audience may not be attracted by this specific research. Indeed, Authors have planned this study in a clinical pathology/laboratory medicine perspective, albeit the results may be very important for clinicians. Further concerns are: 1) A linguistic revision is needed. 2) The results section is a bare comment of figures and tables. It should be more descriptive. 3) Bibliography is too scarce and inadequate to support the discussion. 4) Authors did not evaluate the distance between the central laboratory and the other centers, nor the time elapsed for the delivery of vials. Such factors could interfere with the final results (e. g. due to antigen degradation).



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 31493

**Title:** Variability of anti-human transglutaminase testing across Mediterranean countries

**Reviewer’s code:** 03260134

**Reviewer’s country:** Sweden

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-11-22 19:05

**Date reviewed:** 2016-12-06 03:12

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 checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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 is one of few study that aims to estimate the precision and the accuracy of the TGA assays used in 7 Mediterranean countries. The results of the study are supportive of the new ESPGHAN guidelines concerning CD without a biopsy in some cases. The aim of the study is clearly fulfilled. Could the authors please clarify the following issues: 1) Page 5, paragraph 2: what were the concentrations of vials S1-S4? Could the authors give the exact numbers as they did with S5 vial? 2) Table 1: What is the difference between the two kits used in Greece and Tunisia? They seem to have the same origin (Inova Diagnostics) but different cut-off. Could the authors explain this fact? 3) Page 6, paragraph 3: at what timepoint was 4) Table 2: Could the authors note in table 2 which of the expected values is what? S1-S5? What about the Negative and positive controls? 5) Page 10, last paragraph: do the authors have any possible explanation about the greek results? Why Greek centre constantly shows values above the expected? 6) Do the authors have any suggestions about how we could increase the reliability of TGA assays especially at low TGA level?



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 31493

**Title:** Variability of anti-human transglutaminase testing across Mediterranean countries

**Reviewer's code:** 03309172

**Reviewer's country:** Norway

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-11-22 19:05

**Date reviewed:** 2016-12-02 17:44

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 checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The authors have evaluated the accuracy of various commercially available TGA kits across different mediterranean countries. Knowing that TGA values can be determined accurately is important for the use of TGA testing in CD diagnosis, and the study therefore provides useful information for the evaluation of clinical guidelines. The possibility of basing diagnosis of CD on TGA testing without the need for endoscopy is intriguing. However, the study does not say anything about how accurately TGA values reflect clinical disease, only how accurately TGA values can be determined in different settings. It is therefore slightly misleading when the conclusion states: "This study demonstrates that TGA titres more than 10 times higher than the cut-off value are reliable, so clinicians can be confident in establishing a diagnosis on the basis of the TGA assay without using invasive techniques." Also in the discussion: "Thus, TGA could be considered a reliable basis for the diagnosis of CD, in light of its robust estimation across Mediterranean countries." I suggest that the authors revise the text and make it clear that the predictive value of TGA testing for celiac disease is not investigated. It should also be mentioned in the text that the official guidelines so far only recommend serology-based diagnosis of CD in children. As many cases of CD are discovered in



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adulthood, the possibility of basing CD diagnosis on TGA testing also in adults would broaden the implications of the study. Minor comments: In some of the graphs, there are circles or other symbols accompanied by a number. What do these numbers reflect? In the discussion it says: "a minute variability in the starting sample, before dilution (for example, estimated value 120 versus true value 115) would have produced a progressive increasing error of estimates across dilutions, but again, this is not relevant to our study." I do not understand this argumentation. The deviation should remain the same when you dilute the sample.