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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Experimental Medicine
ESPS manuscript NO: 14058
Title: Multiplex planar microarrays for disease prognosis, diagnosis and theranosis
Reviewer's code: 00503952
Reviewer's country: Canada
Science editor: Yue-Li Tian
Date sent for review: 2014-09-16 17:29
Date reviewed: 2014-09-17 03:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[Y] Rejection
[Y] Grade D: Fair	[Y] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is not a clearly written, easily understood and concise manuscript, I do not know what the author is talking about, therefore, this manuscript should be rejected.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Experimental Medicine
ESPS manuscript NO: 14058
Title: Multiplex planar microarrays for disease prognosis, diagnosis and theranosis
Reviewer's code: 00503929
Reviewer's country: Brazil
Science editor: Yue-Li Tian
Date sent for review: 2014-09-16 17:29
Date reviewed: 2014-09-22 00:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

REFEREE'S COMMENTS This manuscript reviews a considerable amount of information concerning the systematic use of a novel laboratory-based approach in the risk evaluation, diagnosis, prognosis, therapeutic decision process and long-term prognosis of a whole class of important pathological processes. As such, its subject falls within the scope of the Journal and should be considered carefully in respect to its usefulness, novelty, clarity and accuracy as to fact. I think the theme is potentially very relevant and that a comprehensive review of this rapidly evolving field is timely. I do not think, however, that the text in its present form is as useful and clear as one should desire for the Journal's readership. I concede that neither its novelty as a short discussion of a unified laboratory approach to immune disease, nor its technical accuracy are open to challenge. It is rather a matter of the organization and clarification of the scientific contents than of the validity of these contents. It is my understanding that the amazing progress made in many laboratories worldwide with novel genomic, proteomic, transcriptomic, bioinformatic, immunochemical and other assays have made possible the emergence of fast, cost-effective platforms that can provide a better understanding of disease at the individual level, something that has always been a dream of

physicians ("there are no diseases, only patients" is a time-honoured formulation). However, each disease process, without exception, is a complex phenomenon, provided you look into it with sufficient resolution. This is well-known, especially in the field of immunological diseases. For many of them, overlapping of laboratory findings, including highly suggestive autoantibody specificities, was a long-term obstacle to easy differentiation between different diseases. It is indeed rare to be able to diagnose any immunological disease on the basis of a single laboratory parameter. It does not follow that if we multiply the number of different, independent parameters which can be quantitated, we will necessarily arrive at a "pattern" or "profile" through constellations of biomarkers, which will always serve the patients better. It is possible that this can be achieved in the case of individual diseases, but it does not follow that we know enough to be able to put everyone's samples through a standardized multiplex platform and always get a satisfactory diagnostic answer, let alone a clear path to therapeutic decision. Given the extreme complexity of the entire field encompassed in the discussion, I would not require the author to provide concrete examples of every proposed application. I would be very satisfied if a single disease process (say, rheumatoid arthritis or Crohn's disease, which are already mentioned in the text) were subjected to an in-depth analysis of how detection, diagnosis, prognosis and therapy would be affected by the use of what he refers to as "the invention". If a convincing case is made in respect to either pathology, in which much is known about pathogenesis, and for which effective interventions exist, I am sure future studies would be able to examine the extension of the concept to other pathologies. So it is a matter of making clear to the reader what would be the management of a patient known to have, or supposed to be at risk to develop, either disease, with the help of the invention, as opposed to the pre-invention days. In this description, specifics as to biomarkers relevant to the discussion, and reasons for having to decide between clearly characterized courses of therapy, are necessary features. In addition, it would be very important to make clear what he refers to at specific points in the text, so the readers really understand what is at stake. From my reading of the text, the discussion is about a platform concept (possibly even a platform prototype) that integrates an unspecified number of independent diagnostic tests. This is, I g

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Experimental Medicine
ESPS manuscript NO: 14058
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Science editor: Yue-Li Tian
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript by Peter Lea about multiplex planar microarray disease panels to identify, monitor and manage autoimmune diseases, or correlated risk, is well written and exhaustive, although this method is not new. However, the possibility to apply this method to dysimmune and inflammatory disorders, autoimmunity, allergy and cancer is sufficiently and interestingly discussed. In support of what discussed, examples should be added as an example inside tables that better explain what is described in the text.