

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13298

Title: High prevalence of vitamin A deficiency in Crohn's disease patients according to serum retinol levels and the relative dose-response test

Reviewer code: 00033739

Science editor: Yuan Qi

Date sent for review: 2014-08-16 19:18

Date reviewed: 2014-08-27 02:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear authors: I enjoyed reading your manuscript entitled "High Prevalence of vitamin A deficiency in Crohn's Disease patients according to serum retinol levels and relative dose-response test." I found this an interesting and useful study that accomplishes its stated goals. Please find comments below. In the "major critiques" there are thoughts for other ways of analyzing the available data that could further strengthen the study but you might not have performed these analyses for various reasons and I think it is important for these to be addressed or at least considered. I also had some minor comments. It was a pleasure for me to review this well written manuscript. Sincerely yours, Paul Major: Methods 1. Vitamin A is believed to be absorbed in the small bowel. Did the study group compare the 12 patients with purely ileal disease with those with purely colonic disease (8) for whether there are differences in vitamin A levels both in the serum and liver storage. This could potentially isolate an overall "disease effect" for the vitamin A deficiency versus a disease distribution effect (small versus large bowel involvement). 2. 5-ASA and immunosuppression work in different ways treating IBD. The 5-ASA therapy usually coats the bowel in anti-inflammatory. Given the absorption of vitamin A, it is possible the 5-ASA is interfering with absorption in addition to the Crohn's disease inflammatory state of the mucosa. It might be interesting to compare the 25 patients on 5-ASA with the 28 on immunosuppressant's (this is of course assuming that the patients are not on both). Otherwise, it would be interesting to perform a sub-group analysis of those only on

5-ASA with those only on immunosuppressant's. Minor: Methods: 1. How did the authors diagnose the Crohn's Disease. They state that the used "well-established international criteria." Which criteria were used? How many of the 38 patient's with CD had biopsy proven disease? 2. For the exclusion criteria, please list which medications were part of the exclusion criteria due to their interference with absorption of fat soluble vitamins. 3. In the manuscript methods, please justify the length of bowel (>180 cm) used for inclusion so the broader population understands. Results: 1. Please create a small table comparing the control group with the CD group for whatever parameters were taken in both groups. This should include age, gender and whatever other factors were obtained for both groups. This was listed in the last sentence of the first paragraph of the results but should be a stand alone table showing the analysis. 2. Consider altering table 2. The most important numbers for the casual reader are the percentages of the patients in each group with overall, mild, moderate and severe deficiency. Therefore, I would place the n and % to the left most portion of the figure for both the CD and the controls. This will make the figure much more quickly understandable for the reader. 3. Please provide a caption for Figure 1. Figure 1 and Table 3 are very important and interesting. Consider re-organizing Table 3 as it is challenging to understand in its current format. Please describe the methods behind these figures further in the methods section and try to make the descriptions clearer in the results since this is confusing in its current format. Discussion 1. Paragraph 2: Please expand on the previously performed studies and compare them further with your study. Also, please address the 0% deficiency of vitamin A in one of the studies. This can be brief, but needs a little more development. 2. Pancreatic function and biliary function might be a confounder for these results as vitamin A is absorbed via a chylomicron mechanism with the aide of pancreatic enzymes. Please address this in the discussion as something that might affect the vitamin A stores and serum concentration. 3. Please add a paragraph delineating the weaknesses of your study 4. Please consider

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Science editor: Yuan Qi

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<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript is a retrospective study of vitamin A deficiency in Crohn's disease. There are some of novelties. I have some of comments described as follows. 1. Was there correlation between SRL and vitamin A intake in this study? Author had better mention the coefficient of correlation value. 2. Was there correlation between activity of CD and SRL or RDR test in this study? Authors mention that there were no differences in serum retinol concentration in the presence of ileal involvement in DISCUSSION section. Was there difference in SRL or RDR test between the patients with the ileal lesions and those without ileal lesions in this study? 3. The number of patients with low SRL and negative RDR test were 2 in CD group and one in control group. Authors had better mention the clinical condition of those patients.