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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 72772

Title: Washed Microbiota Transplantation Reduces Serum Uric Acid Levels in Patients

with Hyperuricaemia

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04107278 Position: Peer Reviewer Academic degree: PhD

Professional title: Senior Scientist

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-10-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-10 04:28

Reviewer performed review: 2021-11-10 05:45

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

• How authors categorized the high and normal range of uric acid levels • "...., it is urgent for us to develop a new therapeutic approach ..." this sentence could be novel therapeutic acpproches are need in the treamtne of hypeuricemia. • In introduction secteion, references for current treatment option for HU and side effect of current therapies are missing. • There are several spelling mistakes and space in the manuscript. • The manuscript needs to be checked for gramatical errors. • Some sentences "In recent years, faecal microbiota transplantation (FMT), which refers to the transplantation of the functional flora of a healthy individual into the gastrointestinal tract of a patient to build a new intestinal microbiota to treat intestinal and extraintestinal diseases, has emerged as a treatment strategy" is very long and difficult to understand. • Why there is higher number of patients in NUA group than HUA in both short term and long term? the number of patients should be equally randomized in the all the groups. • Table 3 is not necessary in the manuscript • The abstract should contain the actual number of patients in the HUA and NUA goups of the study. • Figure 3, 4 and 8, shold have clear reporting of the values of SUA before and after. As it is difficult to predict the effect response. These should a table for pre and post treatment in both short term and long term treatment group. • Can author include SUA of mid-term effect treatment groups? • The actual sample size that shows the WMT effect is very small. • In discussion, authors mentioned the reson for ineffectiveness of the WMT. They should impliment this in inclusion criteria. This as a inclusion criteria will incraese the WMT applicatiblity and the effect of WMT. • Authors did not provided justification for reduced effect of WMT in mid term. Why effect reduced in mid term group.



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Peer-review model: Single blind

Reviewer's code: 00505859 Position: Peer Reviewer Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-10-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-10 11:11

Reviewer performed review: 2021-11-10 15:01

Review time: 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-Review: [] Anonymous [Y] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The ~10% reduction of serum uric acid levels is noted as statistically significant. Further, the side effects in the reviewed studies need to be delineated. Reduction in gout attacks or improvement in renal function? What is missing is documentation that such minimal reduction in levels is clinically significant.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05174548 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor, Research Fellow

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-10-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-27 15:41

Reviewer performed review: 2021-11-11 06:10

Review time: 14 Days and 14 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective analysis of 144 patients who received WMT for various indications on a 4-year period for different indications. The authors assessed the variations of the levels of serum uric acid before and after WMT. They found a role of WMT in lowering SUA in patients with hyperuricaemia. The article is within the journal's scope and the topic is quite important. The study design is done very well. However, I think that baseline disease and WMT indication could constitute a bias since they determine a profound heterogeneity of microbiota status. Authors should have studied patients' outcome in relation to their baseline disease and WMT indication, at least for those cohorts of patients with the same indication that are numerically significant (i.e. IBS, FC, UC, GERD, NAFLD). References are up to date and relevant. I would like to recommend language revision. I would recommend typos revision as well.