

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2356

Title: Clinical and Pathological Differences between Serum IgG4-positive and IgG4-negative Type 1 Autoimmune Pancreatitis

Reviewer code: 00004525

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 15:45

Date reviewed: 2013-03-02 10:35

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

This paper compared serum IgG4-positive type 1 AIP and negative type 1 AIP. Major comment 1. In the paper, "AIP was diagnosed by ICDC" is described. Were they diagnosed as definite or probable? How were SIN cases diagnosed by ICDC? Diagnosis of each case by ICDC should be presented in detail.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2356

Title: Clinical and Pathological Differences between Serum IgG4-positive and IgG4-negative Type 1 Autoimmune Pancreatitis

Reviewer code: 01206505

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 15:45

Date reviewed: 2013-03-07 10:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

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COMMENTS TO AUTHORS:

Reviewer' s comments Paik et al. reported the clinical and pathological differences between serum IgG4-positive and - negative type 1 AIP. This paper is well written, however, some minor concerns are present. 1. The ration of IgG4/IgG-positive plasma cells in resected or biopsied specimen is required. This ration is included in the diagnostic criteria of IgG4-related diseases as well as the count of IgG4-positive plasma cells. 2. The histopathological picture of serum IgG4-positive AIP.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2356

Title: Clinical and Pathological Differences between Serum IgG4-positive and IgG4-negative Type 1 Autoimmune Pancreatitis

Reviewer code: 02451447

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 15:45

Date reviewed: 2013-03-09 02:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

The authors compared the clinical and pathological differences between serum IgG4-positive and IgG4-negative type 1 autoimmune pancreatitis and demonstrated that the sensitivity of serum IgG4 was 68% in type I AIP. The high serum IgG4 level was associated with other organ involvement and tissue IgG4 concentration, but did not affect the relapse rate in type 1 AIP. Comments: 1. The authors used the updated criteria to classify the type 1 and 2 AIH and stained/measured IgG4. It is better if the authors to have the ratio of IgG4/total IgG. It may be difficult to have the total IgG measured in blood, since this is a retrospective study. However, you may still have the paraffin block to do the total IgG staining. 2. Both the serum-positive and negative AIPs received steroid treatment, did they have similar response? As to the relapse, it is better to mention how long it relapsed after the steroid treatment. 3. The authors excluded 8 cases (no histology and normal serum IgG4). I wonder how these 8 patients were treated? If treated with steroids, any response? Any follow-up? 4. The extrapancreatic involvement was diagnosed with imaging. Any of them with pathology (resection, biopsy) evidence? 5. The surgical resection rate was higher in SIN group than that in SIP group. Any explanation on that? Some cases were diagnosed in early years, any difference between early and late years? 6. The authors mentioned their surgeons had a few concepts about AIP in early period. I don't understand this sentence well. Please explain. 7. In the discussion, the authors mentioned there were only 2 studies on IgG4 negative AIP. Please do pubmed



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search again and you will find more than 2 studies. 8. For fig. 2, it is better to show 2 separate charts to demonstrate SIN and SIP patients. 9. For fig 3. It is better to draw arrows on both panels to indicate the changes. Not all readers can read MRI. 10. For Fig. 4, only high power picture with IgG4 staining was shown. I would like to see several typical pictures of type 1 AIH with IgG4 IHC staining. 11. I would suggest a degree of technical editing to improve some points of English grammar.