

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5528

Title: Irritable bowel syndrome: The evolution of multi-dimensional looking and multidisciplinary treatments

Reviewer code: 01801246

Science editor: Qi, Yuan

Date sent for review: 2013-09-13 12:20

Date reviewed: 2013-09-13 16:05

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"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript is well-written and will help readers to have usefull and recent information about IBS. There are some suggestions to improve the current manuscript described as follows: 1. The terms 'C-IBS' and 'D-IBS' should be changed into 'IBS-C' and 'IBS-D' as 'IBS with diarrhea' and 'IBS with constipation' which are now used in Rome III diagnostic criteria. 'C-IBS' and 'D-IBS' were used in Rome II criteria. 2. The sentence, 'In addition, rapid small intestinal transit among the diarrhea-predominant IBS (D-IBS) subjects and C-IBS subjects shown delayed transit were reported.' (the last paragraph on page 6) should be revised as it has been reported that patients with IBS do not always show accelerated or delayed small intestinal and colon transit times (e.g. Horikawa Y, et al. Scand J Gastroenterol 1999). 3. Lubiprostone is now available in U.K. and Japan for treatment of chronic constipation. This information would be added on page 19. 4. Please provide an abbreviated word, 'FODMAP' diet in the second paragraph on page 13. 5. Please provide the findings on altered gut microbiota not only in IBD but also in IBS (e.g. Tana C, et al. Neurogastroenterol Motil 2010) in the second paragraph on page 12. 6. A subhead 'Visceral hyperalgesia' should be 'Visceral hypersensitivity' or 'Abnormal visceral sensitivity' since 'hypersensitivity' includes both hyperalgesia and allodynia (on page 9). 7. With regard to biopsychosocial model on IBS, illness behaviors would be included as one of the social problems. In Figure 1, what is 'imitation' in the social cogwheel?

ESPS Peer-review Report

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Title: Irritable bowel syndrome: The evolution of multi-dimensional looking and multidisciplinary treatments

Reviewer code: 02444951

Science editor: Qi, Yuan

Date sent for review: 2013-09-13 12:20

Date reviewed: 2013-09-15 22:31

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript entitled "Irritable bowel syndrome: The evolution of multi-dimensional looking and multidisciplinary treatments" gives a comprehensive overview about the proposed pathogenesis of IBD and will be of interest for a selected readership. However, the manuscript has to be revised regarding language polishing before publication.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5528

Title: Irritable bowel syndrome: The evolution of multi-dimensional looking and multidisciplinary treatments

Reviewer code: 02444994

Science editor: Qi, Yuan

Date sent for review: 2013-09-13 12:20

Date reviewed: 2013-09-30 18:34

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
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COMMENTS TO AUTHORS

In this paper, Chang present a review of the pathogenesis and clinical treatments of irritable bowel syndrome (IBS). The manuscript addresses the pathogenesis of IBS, which divided into biopsychosocial model, motility disorders, gut water secretion, bowel gas, visceral hyperalgesia, genetic factors, microbiota, food, and psychological factors. Furthermore, the multidisciplinary treatments were also described, such as antispasmodics, defecation normalizer, receptor targeted drugs, psychiatric drugs, probiotics, antibiotics, food therapy, complementary and alternative medicine (CAM), and others. The author reports an overall looking at the development and treatments of IBS clinically. However, in order to be accepted for publication, there are some major or minor issues/questions need to be clarified. Major comments: 1. A big concern I have with this review is that the English language in this review was sometimes hard to read. For example, page 6 (line 5-10: Figure 1 depicts that ... psychological and social factors.), page 9 (line 6-8: Using rectal balloon...exaggerated pain severity.), page 12 (line 13-17: In fact, the colon microbiota...even host metabolism.), page 19 (line 8-12: Regarding the C-IBS... to enhance bowel motility.) and page 20 (line4-8: It is a synthetic...including defecation.). The sentences above should be reorganized. It needs to be reviewed by an English native speaker. 2. In the pathogenesis of IBS, the biopsychosocial model is important but the discussion is limited. Of course the interaction is complicated, but I suggest that the significance of these three factors should be discussed deeper. 3. Genetic factors in the pathogenesis of IBS are also discussed. In the twin studies, it showed "both environmental and learning behaviors are necessary determinants leading to IBS rather than heredity only". Since environmental factors are also necessary, I would suggest they should be discussed in this paper (or

discuss in the biopsychosocial model?). 4. In the paragraph of genetics, some IBS-related peptides (e.g. 5-HT and somatostatin) and the corresponding receptors are discussed (page 11), but only the genetic polymorphisms of the receptors are addressed. I suggest the expression level of the peptides should be discussed. 5. Compared to the substantial contents before, the conclusion of this review is insufficient. In the introduction, current criteria to diagnose IBS need further revision. Maybe it would be a good end to conclude the review by suggesting some correction of IBS's diagnosis. I suggest rewriting the conclusion. Minor comments: 1. Page 2, line 4. probable to effect abnormal gut water secretion. 2. Page 5, line 4. Because of a functional disorder 3. Page 7, line 2. subjects showed delayed 4. Page 7, line 5. dysmotility to clinical usefulness. 5. Page 7, line 5. Defecation is a complex event involving with the coordination 6. Page 8, line 1. hard or loose stool. IBS subtypes are 7. Page 9, line 5. key component of IBS. It is expected that visceral 8. Page 9, line 15. pain are complex, so many transmitted tracts 9. Page 10, line 17-18. Can "Concordance for IBS... to dizygotic twins" give more information about the proceed of the experiment? 10. Page 12, line 14. provides numerous 11. Page 13, line 15. abdominal symptoms are common 12. Page 13, line 23. and constituents, but they usually 13. Page 13, line 24. oligo-, di-, monosaccharides, and polyols 14. There is a strong relation between food ingestion and microbiota. The author indicates "IBS patients usually tried to avoid diets enriching fermentable oligo-, di-, and minosaccharides and polyols... (Page 13)". If the related study exists, it may be better to discuss the effects of the diets on microbiota. 15. Page 15, line 1-2. neurochemical, inflammatory responses, and visceral 16. Page 16, line 2. IBS treatment patient-centered (delete "With regard to") 17. Page 16, line 6. easily to achieve, because IBS subjects 18. Pag

ESPS Peer-review Report

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Title: Irritable bowel syndrome: The evolution of multi-dimensional looking and multidisciplinary treatments

Reviewer code: 00050564

Science editor: Qi, Yuan

Date sent for review: 2013-09-13 12:20

Date reviewed: 2013-10-05 06:58

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 checked="" 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
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COMMENTS TO AUTHORS

Although some literature on motility disorders, microbiota and genetic relation with IBS has been discussed but still more references (methanogenic flora) need to be quoted under these headings like: 1) Rana SV, Sinha SK, Sharma S, Kaur H, Bhasin DK, Singh K. Effect of predominant methanogenic flora on outcome of lactose hydrogen breath test in controls and irritable bowel syndrome patients of north India. Dig Dis Sci. 2009 Jul;54(7):1550-4. 2) Rana SV, Sharma S, Sinha SK, Kaur H, Sikander A, Singh K. Incidence of predominant methanogenic flora in irritable bowel syndrome patients and apparently healthy controls from North India. Dig Dis Sci. 2009 Jan;54(1):132-5. 3) Rana SV, Sinha SK, Sikander A, Bhasin DK, Singh K. Study of small intestinal bacterial overgrowth in north Indian patients with IBS: a case control study. Tropical gastroenterology; 2008;29(1):23-5. 4) Sikander A, Rana SV, Prasad KK. Role of serotonin in gastrointestinal motility and irritable bowel syndrome. Clin Chim Acta. 2009 May;403(1-2):47-55. 5) Sikander A, Rana SV, Sinha SK, Prasad KK, Arora SK, Sharma SK, Singh K. Serotonin transporter promoter variant: Analysis in Indian IBS patients and control population. J Clin Gastroenterol. 2009 Nov-Dec;43(10):957-61. Full form of some abbreviations need to be given. Last pages of some references need to be mentioned. Discussion should be explained in diagram form.

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ESPS Manuscript NO: 5528

Title: Irritable bowel syndrome: The evolution of multi-dimensional looking and multidisciplinary treatments

Reviewer code: 02458583

Science editor: Qi, Yuan

Date sent for review: 2013-09-13 12:20

Date reviewed: 2013-10-30 13:41

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
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COMMENTS TO AUTHORS

It is an interesting review but it needs major revision. Abstract looks jumpy and it has a piece of everything, i.e pathophysiology, treatment, etc. It is mentioned that gut dysmotility results in pain and disturbed defecation; however, visceral hypersensitivity could be a separate phenomenon. Also it is mentioned "Imbalanced gut microbiota alters epithelial permeability, activates nociceptive sensory pathways in turn leads to IBS". Still it is not clear imbalanced gut microbiota causes IBS or it is seen in IBS as one of the findings. In genetic section, endocannabinoids are not peptides! "Interleukin-10 (-1082 G/G) polymorphism accounts for the European IBS population". But based on this meta-analysis high producer IL-10 genotype was associated with a decreased risk of IBS in general and not just in European population. Post-infectious IBS should be separated from microbiota. Role of immune system is missed in the pathophysiology section. Gender differences are important to be discussed. Motility patterns, such as discrete cluster contractions are important and are missed. Therefore, to my feeling, some of the discussed materials are not based on extensive and accurate literature review and this seriously affects the quality of the paper. In the core tip, the term victim is not suitable for patients with IBS. English still needs revision.