

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 5413

**Title:** Risk factors associated with Barrett' s epithelial dysplasia

**Reviewer code:** 00035901

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-09-06 18:29

**Date reviewed:** 2013-09-21 22:14

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

## COMMENTS TO AUTHORS

The authors showed the risk factors associated with Barrett's epithelial dysplasia. They enrolled 151 patients with BE in a single arm hospital. This study was well-organized and well investigated. They clearly showed that p53 expression, absence of Hp infection and low diastolic BP are risk factors associated with dysplasia of BE. To improve the quality of this paper, the authors should revise it according to the following suggestions; 1) To investigate the role of BP, the authors should analyze the use of anti-hypertensive drugs, especially Ca antagonist among patients. 2) To investigate the role of gastric acidity or gastric atrophy, the authors should analyze the grade of endoscopic atrophy classified by Kimura-Takemoto.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 5413

**Title:** Risk factors associated with Barrett's epithelial dysplasia

**Reviewer code:** 00503590

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

## COMMENTS TO AUTHORS

Review report ESPS Manuscript Risk factors associated with Barrett's epithelial dysplasia by Mikiko Fujita, Yuri Nakamura, Saeko Kasajima, Ryoichi Misaka, and Hikaru Nagahara. The authors present a case series of patients with Barrett's esophagus. The presented analysis is focused at identifying risk factors of progression towards higher dysplasia grades and cancer. A total of 151 patients were enrolled, but the presented analyses focus on 65 patients with specialized columnar epithelium as these patients had most abundant P53 expression. The authors find that presence of H pylori and higher diastolic blood pressure is associated with lesser dysplasia, while P53 expression is associated with more dysplasia. The associations between H. pylori, P53 and dysplasia have been reported earlier, while the observed association between low diastolic blood pressure and dysplasia has not been previously reported. In contrast, earlier reports have associated different aspects of the metabolic syndrome to progression of dysplasia towards malignant transformation. The manuscript is easily read, with only minor typos and grammatical errors. However, there are several concerns to be addressed, and the manuscript is not recommended for publication in its present form. Please see below for details.

Major compulsory revisions

1. The concept of predicting disease progression without prospective data is problematic. Some follow-up data are presented in the discussion, but clearly the presented dataset can only discuss associations, and not prediction of prognosis (not to confuse with the statistical term "predictor").
2. The regression analysis is not presented optimally. The authors start by doing univariate analyses of several possible predictors. Often a somewhat higher critical P (for instance  $P < 0.1$ ) is used for picking candidate predictors for the multivariate analysis. With a critical P of 0.1, sex, H. pylori, P53, body weight, diastolic BP and hypertension should be entered in the multivariate analysis. When the multivariate regression is run, the model

should be successively reduced to only include significant predictors ( $P < 0.05$ ). In conclusion: in the presented analysis negative *H. pylori* status is in fact NOT an independent predictor for dysplasia as the variable is not significant in the multivariate model. However, the loss of effect in the multiple regression model may depend on an interaction with one of the other model variables – this should also be explored. Finally, the model evaluation characteristics should be reported as well (model  $P$  and  $R^2$  equivalent). Minor revisions 3. Abstract: The authors use the term “risk factor” for predictors with OR below 1 (*H. pylori* and diastolic blood pressure). This qualifies for being protective against dysplasia, and should not be termed a risk factor. 4. Introduction: p 4: the abbreviation MS must be defined. 5. p 5 line 5 typo: \*decrease 6.p 5 second paragraph: the statement “...extremely high incidence...” does not seem to be backed up by references 29 and 30. 7.

Introduction: last paragraph, second sentence must be restructured. 8. Study population: were the patients enrolled in a consecutive series, and if so, over how long time (which years) did the enrolment take place. 9. *H. pylori* infection: the authors used an array of different methods for detecting *H. pylori* - how were the results interpreted if different methods yielded ambiguous results? The algorithm should be stated. 10. In table 4 there seems to be a non-linear relationship between diastolic blood pressure and dysplasia. Do we have an interaction here? This should be explored 11.

As none of the blood samples yielded any interesting results, they could either be omitted completely from the manuscript, or reduced to a couple of sentences in materials/methods and results. Table 2 could be considerably smaller. 12. Table 4 does not add to the conclusions of the regression analysis.

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
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		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

This is an interesting and well organised and written paper regarding the risk factors leading to dysplasia and cancer in Japanese patients with Barrett's esophagus.