



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5477

Title: Diagnostic utility of faecal biomarkers in patients with irritable bowel syndrome

Reviewer code: 00049295

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-11 20:01

Date reviewed: 2013-09-25 05:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] 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 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

Comments to the author: This is an invited review on faecal biomarkers in patients with irritable bowel syndrome. The paper is well written, the purpose clear and well defined. However, I have a few comments that might improve the paper. General: In the paper, the authors have focused on faecal markers derived from neutrophil s, as they are the best examined and most promising. However, other markers are mentioned such as granins, human B-defensins and M2- puruvate kinase. As it is a review, I suggest you mention all faecal markers that have been examined, just shortly, even though studies are small and negative. I miss a comment on for instance the eosinophil derived markers. The paragraph on calprotectin and laktoferrin are too long. Recommend condensation; for instance, many results are mentioned twice -in both the text and table 1. Specific: Page 6, line 1 +2: This is for specialist with interest / knowledge in molecular inflammatory patterns. Either skip the lines or explain in more details.... Page 6, references 19: Barium radiology in the form of small bowel follow through has more or less been replaced with CT or MRI. I believe this reference is of no importance. Page 15: line 7 from below: it should be IBS-D not IBD-D Figure 2: It is not easy to understand the figure, a figure explanation would be appropriate. Table 2: In the text values for SE, SP, PPV and NPV for M2-puruvate kinase is mentioned - it should be in the table.



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5477

Title: Diagnostic utility of faecal biomarkers in patients with irritable bowel syndrome

Reviewer code: 00033325

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-11 20:01

Date reviewed: 2013-10-16 21:43

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	BPG Search:	<input checked="" 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 review was aimed to discuss about the role of different faecal markers, in clinical practice, mainly in differentiating inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS). The work is interesting and well written. Nevertheless, I have some comments to point. Major comment As often underlined by the same Authors, the most of analyzed studies give significant results about the role of faecal calprotectin and lactoferrin in discriminating IBD from non-IBD conditions (including IBS), but not organic from non-organic diseases, since they are markers of neutrophilic inflammation. This concept should be better stressed in the abstract and the text. At this regards, the sentence at page 12 "It has consequently been proposed that faecal lactoferrin may have...." should be revised. In particular, it is not possible to similarly consider the "intestinal inflammation" and "neoplasm" since no evidences support the role of faecal marker as filter to avoid colonoscopy to exclude a cancer. Minor comment 1) At the end of the chapters relative to the new proteins, the Authors should add a briefly comment about their eventual utility in clinical practice and diagnostic accuracy, or the need to larger studies. 2) At page 11, in the lactoferrin chapter, the sentence "However, results were more variable..." should be moved at the top of paragraph, before reporting results of the different studies. 3) At page 15, in the Matrix-metalloprotease 9 chapter, "Healthy controls and patients with IBD-D showed very" Should be changed with "...IBS-D showed very.



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5477

Title: Diagnostic utility of faecal biomarkers in patients with irritable bowel syndrome

Reviewer code: 02531390

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-15 17:46

Date reviewed: 2013-10-16 11:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] 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 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

This was a well written and timely review. The major fecal markers were covered and their advantages and disadvantages were discussed. The inclusion and discussion of studies of IBS symptoms in people with IBD remission was also valuable.

Few minor comments:

Page 4 - under pathophysiology maybe brain gut/gut brain pathways could have been mentioned

at the end of paragraph 2 question the relevance of Manning criteria used by clinicians today -

Perhaps some mention the utility of combined fecal testing with blood tests for identifying IBS.

Table 1 - could % for fecal markers be provided for diagnostic groups and the associated p value. It was confusing to tell whether the % for fecal markers refers to differentiation of IBD from IBS or controls from IBS etc?