

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4532

Title: Chinese Herbal Medicine Xiangshaliujunzi Decoction treating Diabetic Gastroparesis: A Systematic Review of Randomized Controlled Trials

Reviewer code: 00038744

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-04 14:56

Date reviewed: 2013-07-23 09:37

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

COMMENTS TO AUTHORS

Diabetic gastroparesis is a significant disease that deserves more investigation. The authors present a meta-analysis of the effects of a Chinese herbal medicine remedy called Xiangshaliujunzi Decoction. The main finding of the study is that the treatment appears to improve gastric emptying time and other symptoms, but should take into account of the extreme weak evidences available in this area and need for better study design. The manuscript is presented in a clear and concise manner. I have a number of comments which would hopefully help the authors improve the manuscript. Major comments: The authors should refer to the American Motility Task Force on Gastroparesis, which gives a clear practical and treatment guideline on the definition of gastroparesis (Neurogastroenterol motil, 2006, 18(4):264-84). Presumably the authors focused on diabetic gastroparesis in this study, did the authors also consider including idiopathic GP? The authors used gastric emptying time as one of the symptom scores; would the authors please clarify the protocol used in these tests? e.g., 50% emptying time or the standard 4 hr emptying protocol? Do the authors think the type of protocol used would influence the efficacy measure? Minor comments: "Gastric emptying" should be "gastric emptying" unless at start of a sentence or where appropriate. Abstract - list the version of the Cochrane review standard used. Introduction, para 2 - "last option" should be "last options"; "can't" should be "cannot". Introduction, para 3 - a citation should be provided for the mechanisms of action of XSLJZD. Introduction, last para - "XSLJZD for DGP" should be "XSLJZD for treatment of DGP". Why was acupuncture not included as a conventional treatment option? "Gastric emptying test" and "Gastrointestinal" should be in lower cases unless at start of a sentence or where appropriate; "GI" should only be defined once upon first use; "trial" should be "trial"; "1 researches" should be "1



Baishideng Publishing Group Co., Limited

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

research study" Section 2.3 - please provide the Cochrane handbook edition/version number Section 3.1 - "clarified" should be "clarify"; second paragraph, first sentence should end after "473 males and 394 females" Section 3.6 - "1 trials" should be "1 trial" Discussion, para 3 - "identify" should be "identify"; "proceed" should be "proceeded"

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4532

Title: Chinese Herbal Medicine Xiangshaliujunzi Decoction treating Diabetic Gastroparesis: A Systematic Review of Randomized Controlled Trials

Reviewer code: 00071452

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-04 14:56

Date reviewed: 2013-08-04 09:23

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 TO AUTHORS

This meta-analysis focuses on a Chinese herbal medicine Xiangshaliujunzi Decoction in its clinical efficacy in the treatment of diabetic gastroparesis. Although this is an interesting meta-analysis to evaluate the clinical efficacy of a traditional medicine, the bottom-line of this analysis is somewhat disappointing, as the quality of the data used for analysis is poor and “a well-designed, large-scale, high-quality randomized controlled clinical trials with scientific rigor are warranted”. The criteria for the data inclusion are also complicated with combination of other medications. Nonetheless, the information obtained from this meta-analysis could add to our understanding of Xiangshaliujunzi Decoction in the treatment of diabetic gastroparesis.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4532

Title: Chinese Herbal Medicine Xiangshaliujunzi Decoction treating Diabetic Gastroparesis: A Systematic Review of Randomized Controlled Trials

Reviewer code: 00492417

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-04 14:56

Date reviewed: 2013-08-17 15:52

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

COMMENTS TO AUTHORS

In this manuscript, the authors systematically assessed the current evidence of “the effectiveness of Chinese Herbal medicine Xiangshaliujunzi decoction compared with any controls for diabetic gastroparesis”. Though this is the first systematic review of Xiangshaliujunzi decoction for diabetic gastroparesis, the authors conducted a systematic review with somewhat biased manner. I would like to give major comments on this systematic review. Major comments 1. Please follow the guideline of systematic review and meta-analysis. [1] [1] <http://www.prisma-statement.org/statement.htm> 2. As for assessing the Cochrane risk of bias, several assessments were inappropriate. 1) Blinding of participants and personnel and blinding of assessors should be separately evaluated. 2) Blinding of participants and personnel should be clearly high risk of bias than unclear. How they can be blinded? 3) What did you judge the item of other sources of bias? Why unclear in Table 2. 3. Core databases should be searched when conducting rigorous systematic review as Medline, EMBASE, Cochrane Central. You need EMBASE search. 4. As for outcomes for testing the clinical effectiveness of Xiangshaliujunzi decoction for diabetic gastroparesis, I am very questionable whether ‘clinical effective rate’ can be main outcome measure and the conclusion from this doubtful outcome is solid or not. Even the meta-analysis from this outcome makes no sense. 5. As for the decoction of Xiangshaliujunzi, how modified decoction can be considered similar or same one compared original Xiangshaliujunzi decoction? 6. Which one is correct? Your inclusion RCTs are 10 or 7? Page 10 explained your inclusion as 7 RCTs, however, your figure 1 and tables showed 10 RCTs for inclusion. 7. When selecting inclusion criteria, as for controls, other herb treatment seemed not reasonable. 8. Your conclusion is highly positively biased because the results from 10 RCTs which showed high risk



Baishideng Publishing Group Co., Limited

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

of bias and had no solid outcomes were needed to be carefully interpreted with unbiased manners.
Minor comments 1. Please check abbreviations. Please define it at its first appearance, if defined, please use the defined one. E.g.) XSLJZD, TCM, GI, DPG, 2. Please check your spelling. E.g) trail -> trial Thanks