

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5570

**Title:** CHANGES IN THE EXPRESSION OF IRON TRANSPORTER (DMT1) IN PROXIMAL JEJUNUM AFTER GASTRIC BYPASS SURGERY

**Reviewer code:** 00058345

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

**Date sent for review:** 2013-09-21 10:30

**Date reviewed:** 2013-10-01 12:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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)		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

An excellent study contributing to elucidating the possible mechanism of iron def anemia post RYGBP

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**Reviewer code:** 02572190

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

**Date sent for review:** 2013-09-21 10:30

**Date reviewed:** 2013-10-12 16:47

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

Comments on Manuscript No 5570: "CHANGES IN THE EXPRESSION OF IRON TRANSPORTER (DMT1) IN PROXIMAL JEJUNUM AFTER GASTRIC BYPASS SURGERY"

Thank you for the opportunity to read this manuscript which I found interesting. In my opinion, it is important to investigate the postoperative physiology in order to optimize our care for the bariatric patients. However, I have some concerns about the manuscript which I list below.

Abstract

1. In the abstract there is no gender distribution among the patients which I would find interesting.

Methods:

2. I find it odd that exclusion criteria include events happening after the operation (Leak, hemorrhage, stenosis etc) in p 6. These patients can be excluded from analysis on good grounds, but not before surgery since the events have not occurred yet. Revision of this is recommended.

2. The citation for the operative technique is to Csendes work from 2005 where the technique of RYGB with resection of the excluded stomach is described. This is by no means a standard technique, and is rarely used. In the results section it is stated that only one patient in fact underwent resectional RYGB. I would recommend another citation for the standard RYGB.

3. The jejunal mucosa is said to be collected 70 cm proximal to the lig. Of Treitz, this is an error and

should be *distal* to the ligament of Treitz.

4. In the histological analysis it is stated that one single pathologist did the qualitative analysis, but it is not stated if this pathologist was blinded to the identity of the specimens (preoperative vs postoperative). Ideally there should be at least two blinded pathologists for this analysis.

#### Results

5. First indicate how many patients met the inclusion criteria (some of the exclusions must be made later, see comment above). For example, were 20 patients included, four excluded due to postoperative events and 13 analysed at follow-up? Please revise to clarify.

6. The twelve patients with non-resective surgery undergo laparoscopic surgery? Please clarify.

7. The weight loss and BMI-loss could easily be clarified with standard deviation on EWL and a postoperative mean BMI $\pm$ SD.

8. Two out of 13 is in fact 15.4% but with a sample this small the percentage is unnecessary in my opinion.

9. In figure 2 the y-axis is not specified (cells per millimeter according to the text in results). This is not described in the materials section since the histology section only deals with level of staining in three ordinal steps. Please clarify in MoM as well. I would also recommend not to tilt the significance bracket and to indicate which significance test refers to the p-value (Wilcoxon in this case?).

10. The sentence (p10) about no differences between the duodenum of one control patient and the study subjects is not easily understood. Why was this comparison made? Are those results relevant to the questions studied?

11. At page 11 and in Table 2, it is stated that there is a significant increase of receptor with the chi-square test. This is normally used for 2x2 tables, i.e. dichotomous outcomes. The grading of the receptor levels is reported in three levels in this study (+, ++ and +++) and with an ordinal outcome like this a rank-sum test (Wilcoxon for instance) is more appropriate. Table 2 is somewhat unclear as the p-values are listed on row 1 with patient one. I should probably be on the row above, indicating that it applies to the whole group. The legend should include which significance test is used (Wilcoxon).

12. In figure 3 I would recommend not to tilt the significance bracket and to specify which test was used. If the quantifying method gives normally distributed data, t-test could be used. Otherwise a non-parametric test (Wilcoxon for instance). There is no unit in the y-axis.

## Discussion

13. The statement that RYGB has the highest success rate must be rewritten. Duodenal switch yields a higher proportion of diabetes resolution and superior weight results. RYGB is, however an effective and safe procedure and there are several reports on this. Again, I find Csendes to be an odd citation here since it describes a not commonly used method. There are large studies from Cochrane and others that clearly describe the benefits of RYGB more clearly and focused.

14. On p 14 the sentence “We have evidenced..” should be rewritten (we have shown? Demonstrated?? Etc). The increased level of receptors is interesting and in line with expectations. The finding of decreased total quantity of the receptor is very surprising and I wonder if methodological aspects should be discussed here as well. There should, for instance be more material to analyze from the operation specimen compared to the biopsy at 6 months. Could this affect the accuracy of the latter test?