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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8186

Title: Hematologic Diseases: High Risk of Clostridium difficile associated Diarrhea

Reviewer code: 02539941

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-21 20:17

Date reviewed: 2014-01-20 16:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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 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

The authors have retrospectively investigated the incidence and clinical outcome of C. difficile associated diarrhea (CDAD) in patients with hematologic disease and compared with those in patients with nonhematologic disease in a large-scale single center. The data are interesting and provide some reference in clinical practice. I have a few comments: 1. Abstract: Two important findings in this article should be added in result of abstract: Higher recurrence of CDAD in patients with hematologic disease was associated with higher number of antibiotics with longer treatment duration. Mortality due to CDAD did not differ between the two groups. 2. MATERIALS AND METHODS: Is there total number of patients with hematologic disease and nonhematologic disease in 2011? 3. Results: In table 3 and 4, why the sum of patient number in cessation and continuous use of causative antibiotics group is not equal to the total number of each group? (in table 3 43+109>144)



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Title: Hematologic Diseases: High Risk of Clostridium difficile associated Diarrhea

Reviewer code: 00033708

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-21 20:17

Date reviewed: 2014-01-20 20:23

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

COMMENTS TO AUTHORS

The manuscript entitled "Hematologic Diseases: High Risk of Clostridium difficile associated Diarrhea" by Tae-Geun Gweon, et al. reported a single center retrospective analysis of C.difficile associated diarrhea (CDAD) in hematologic and non-hematologic diseases. The increased incidence of CDAD in hematologic diseases is shown and the multivariate analysis revealed that intravenous immunoglobulin (IVIG)-injected patients showed less frequent recurrence of CDAD in hematologic disease patients. It is a nice study analyzing a large number of C.difficile-infected hematologic patients. But some more information is needed to clarify the patients' profile and medications for CDAD. 1. The etiology of hematologic and non-hematologic disease should be shown. How many patients with hematologic diseases were performed hematopoietic stem cell transplantation and how the outcome of the treatments for the primary disease affected the recurrence of C.difficile? 2. Did IVIG also reduce recurrence of CDAD in patients with nonhematologic diseases? 3. Was there any difference in the background immune status, e.g., leucopenia, neutropenia, CD4/CD8 count, between patients with hematologic and non-hematologic diseases? Was there any difference of background status of the hematologic disease patients treated with IVIG or without? 4. Due to the retrospective design, some patients may not have tested for C.difficile regardless of diarrhea. If such cases may happen, the authors should state this as a limitation. 5. It is confusing to see in Table 3 that cessation of causative antibiotics for CDAD in 43 (29.9%) and continuous use of causative antibiotics for CDAD in 109 (75.7%). It exceeds 100%. Similar discrepancy was shown in Table 4. What was true for the cessation of causative antibiotics? Minor 1. There are some mistyping e.g., in Table 1, Acvclovir, Acyclovir; Propon pump, proton pump, in Table 3 causeative, causative.