

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11304

Title: Reactivity against Microsatellite Instability-induced Frameshift Mutations in Patients with Inflammatory Bowel Disease

Reviewer code: 02537213

Science editor: Yuan Qi

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

COMMENTS TO AUTHORS

The authors analyzed the cellular immune response towards frameshift-peptides (FSPs), including 14 coding microsatellite-containing candidate genes, in 75 patients suffering from inflammatory bowel disease (IBD) with and without thiopurine-based immunosuppressive treatment. They found that most of the IBD patients had preformed, often robust immune responses to microsatellite instability (MSI)-induced FSPs. The reactivity was significantly influenced by thiopurine treatment ($p=0.032$) and duration of disease ($p=0.002$). They believe that their findings have potential implications for screening, diagnosis as well as clinical management of IBD. This is an interesting article that may be helpful for investigation of the mechanism of IBD, which may extend the technology into a potential clinical application in IBD. Other comments and suggestions: 1. There are too many abbreviations used in the article, which make the reading somewhat difficult. The full names of some abbreviations have not been provided when they first appear in the article, and some never give the full name, such as HNPCC, FCS, PBMC and NBT/BCIP. Unnecessary abbreviations, such as INF and CRC, are suggested to be removed. 2. Abstract: The sentence "Significant T cell reactivities against MSI-induced FSPs were observed in 59 of 75 IBD patients (78.7%) compared to healthy controls ($p=0.001$)" is confusing. The conclusion "these findings have potential implications for...and additionally of MSI+ cancer patients" was out of the population of this group of patients. 3. In core tip "These findings have potential implications for ... and additionally of MSI+ cancer and HNPCC



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patients" seem to be over concluded, which is the same in the main part of the article, "Finally, it is the first study linking MSI in IBD and in CRC – on the basis of the immunological recognition of MSI-induced FSPs". 4. The results can be optimized to be more clear-cut. 5. The discussion can be more focused. 6. There is no discussion of limitation of the study 7. Figure 3 seem to be very import that need more explanation.