

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12034

Title: The impact of fecal occult blood on obscure gastrointestinal bleeding; observational study

Reviewer code: 00185965

Science editor: Yuan Qi

Date sent for review: 2014-06-19 19:03

Date reviewed: 2014-06-25 04:17

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 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 checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Paper by Kobayashi et.al is technically well done paper without major concerns. Minor concerns are regarding: ? Retrospective design this type of trial can easily conduct as prospective ? Some result has been shown as percentage and some of them as Odds ratio. I think that Odds ratios are more appropriate ? Key words should be in alphabetical order 1. Introduction Page 5 Line 7 :...balloon ASSISTED enteroscopy 2. Materials and methods Page 6 line third from the bottom the sentence is unclear: "CE was performed 8 h after ingestion, and sensor array and recording devices were removed." CE has been removed after 8 hours? Page 7 line 8 from above threshold of 100ng/ml for or 3. General concern Angioectasia should be replaced with Angiectasia without o

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12034

Title: The impact of fecal occult blood on obscure gastrointestinal bleeding; observational study

Reviewer code: 02537831

Science editor: Yuan Qi

Date sent for review: 2014-06-19 19:03

Date reviewed: 2014-06-26 23:25

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		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. The time discrepancy between the FOBT and CE should be listed in Table 1. 2. In the analysis of predictive factors of SBDs in patients with OGIB, Overt OGIB and a hemoglobin level ≤ 10.6 g/dL had P values < 0.3 in univariate analysis, why they can be used in multivariate analysis? 3. The great limitation of this retrospective study is that the time discrepancy between the FOBT and CE is too long. But this is not referred in the part of discussion.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12034

Title: The impact of fecal occult blood on obscure gastrointestinal bleeding; observational study

Reviewer code: 00050420

Science editor: Yuan Qi

Date sent for review: 2014-06-19 19:03

Date reviewed: 2014-07-07 10:41

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 author reported 'The impact of fecal occult blood on obscure gastrointestinal bleeding; observational study'. Sometimes it is very difficult to find the cause of bleeding in obscure gastrointestinal bleeding. Therefore these findings are important to those with closely related research interests. But there are some problems in this manuscript. Review could not understand the table 4. What does the '(n=55) and (n=51)' means? Sometime the readers could not fully understand due to structure of tables. If the numbers of patients was filled up, it is easier to grasp the point of tables (Table 3 & 4). In "result of Abstract", "only positive FOBT was a predictive factors of SBDs in patients..." ? "only positive FOBT was a predictive factor of SBDs in patients..." The quality of language in the manuscript is relatively suitable for publication unless edited. Reviewer is unable to decide on acceptance or rejection until the authors have responded to the minor compulsory revisions.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12034

Title: The impact of fecal occult blood on obscure gastrointestinal bleeding; observational study

Reviewer code: 00052899

Science editor: Yuan Qi

Date sent for review: 2014-06-19 19:03

Date reviewed: 2014-07-15 12:04

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 checked="" type="checkbox"/> Major revision
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COMMENTS TO AUTHORS

In this study, the authors analyzed 202 patients with OGIB who performed both CE and FOBT to identify the association between small bowel diseases and positive FOBT. They concluded that positive FOBT may be useful for predicting SBDs in patients with occult OGIB. Positive FOBT indicates higher likelihood of ulcers or tumors in patients with occult OGIB. Undergoing CE within a day after FOBT achieved a higher diagnostic yield for patients with occult OGIB. Overall, this manuscript is well prepared with good writing and large novelty. However, there are also several problems. Comments: 1. In the abstract section, the full name of the abbreviation "CE" should be given when appeared at the first time. 2. The authors declared that three experienced endoscopists independently reviewed CE videos. The degree of disagreement between the endoscopists should be added. 3. The authors concluded that positive FOBT may be useful for predicting SBDs in patients with occult OGIB. Therefore, the diagnostic value and accuracy might be presented. 4. In the result section of the manuscript, the authors declared that CE revealed significant lesions of the small bowel in 72 patients (36%), which is contradict with the following statement" identified as ulcers in 13 (6%), erosions in 37 (18%), angioectasias in 22 (11%), tumors in 8 (4%) and active bleeding in 19 (9%) patients. 5. After univariate analysis, the authors only selected 3 variables with $p < 0.3$ for multivariate analysis. Why did you select 0.3 as a threshold? 6. There are several typographical errors.