



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13899

Title: Predisposing factors for the development of small intestinal bacterial overgrowth (SIBO) using the D-Xylose Breath Test

Reviewer code: 00058104

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-07 18:50

Date reviewed: 2014-10-27 04:05

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"/> 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 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

It is an interesting study, with an enormous sample size that studies the associations of D-xylose Breath test results. Comments: 1. As authors state, there are several bias due to the retrospective design of the study. These should be clearly described. 2. There is no enough information provided to support the accuracy of the D-xylose test to predict SIBO, as well as, which are the conditions that adversely affect the sensitivity and / or the specificity of the test. 3. Data about the manufacturer of the test should be provided 4. This is not a case-control study 5. A multivariate model analysis would more accurately describe associations than the univariate, sub-categories, and 2 by 2 analyses used. 6. Table II is not well understood; for example, what is the meaning of a percentage above 100% 7. It is not clear what was the missing values management 8. The word “predictors” in the title/conclusion is not supported by the data and their analysis.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13899

Title: Predisposing factors for the development of small intestinal bacterial overgrowth (SIBO) using the D-Xylose Breath Test

Reviewer code: 02905121

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-07 18:50

Date reviewed: 2014-09-18 21:53

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

COMMENTS TO AUTHORS

Thank you for your submission. I found your work interesting. Although these data were gathered in a retrospective manner via an electronic records search, the sample size is impressive nonetheless. I believe the paper is well-written and the statistical methods are appropriate. My main concerns relate to the diagnostic accuracy of XBT and to the clinical significance of this paper overall. Virtually no information is provided on XBT. What is it? Why is it used? What is the reliability and validity? Who is the manufacturer? What is the history of its use and in which conditions? Also, did XBT outcomes influence diagnosis? If no, why is it performed in the first place? Please detail its role in pt diagnosis. Lastly, the identification of variables that are associated with XBT+ is mildly interesting, but what do you do with that information? I'm struggling to understand the clinical importance of these data.



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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13899

Title: Predisposing factors for the development of small intestinal bacterial overgrowth (SIBO) using the D-Xylose Breath Test

Reviewer code: 02458583

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-07 18:50

Date reviewed: 2014-09-26 13:04

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"/> 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

This is an interesting study which has tried to analyze the predictors of D-Xylose Breath test results of patients who were referred to University of Florida motility laboratory from 2005-2009. As the authors appreciated there is a sampling bias due to referral problems, as usually patients with the symptoms of SIBO are referred for such a test, if they couldn't find any relation between +XBT and some potential predicting factors, it might be due to sampling problems as well as lack of statistical power for including that specific factor as a predictor. This should be discussed in the limitation. For instance, not observing significance in male might be due to small sample size for male gender in this study. 1) I think the title is difficult to understand. Something like " Predisposing factors for positive D-Xylose Breath Test: a retrospective study of 932 patients" would be much informative here. 2) This is not a real case-control study. This is a Cross-sectional study. 3) Multivariate test (e.g. logistic regression) is necessary to see hoe ORs change in combination. 4) What is the specificity and sensitivity of XBT for SIBO? This should be highlighted in the methods.



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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13899

Title: Predisposing factors for the development of small intestinal bacterial overgrowth (SIBO) using the D-Xylose Breath Test

Reviewer code: 00050232

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-07 18:50

Date reviewed: 2014-10-25 00:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input 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"/> 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

As in all retrospective studies, the present one has some biases, but due to the number of patients studied, it contributes to the better knowledge of SIBO. However, it is necessary to further the discussion to explain the limits of the methodology used.