

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11413

Title: High levels of IgG anti-Epstein-Barr virus are related to 5-aminosalicylic acid, tonsillectomy, and CD19+ cells in Crohn's disease patients.

Reviewer code: 00035982

Science editor: Su-Xin Gou

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

COMMENTS TO AUTHORS

This manuscript is a cross-sectional analysis of antiEBV antibodies in a small group of patients with CD and a control group. Specific Comments: 1. The work includes a very small group of subjects: these numbers are further limited when subgroup analyses are attempted. This needs to be very carefully acknowledged 2. There are numerous errors of English language usage or grammar. These must all be corrected 3. The METHODS section of the ABSTRACT is essentially the same as the AIM just beforehand 4. The results section of the ABSTRACT mentions CD19 cells, without having mentioned this at all earlier 5. The first sentence of the INTRODUCTION needs referencing. In the second sentence of the INTRODUCTION, the authors refer to an earlier report - this report must be referenced after this sentence (not subsequently) 6. The METHODS details the number of subjects in each group. This would be expected to be located in the RESULTS section 7. The patients with newly diagnosed CD are said (METHODS) to have presented after diagnosis. This doesn't make sense - if they were diagnosed, then they must've presented already. 8. The subgroup analyses (tonsillectomy etc) leads to very small group sizes. 9. The Methods suggest that the VCA data was to be analysed according to negative/equivocal/positive status, but this was not included in the RESULTS 10. The RESULTS section comments on the features of the CD group, but not the control group. Also, this data detailing the features of the two groups may be better to be included in a Table. 11. Page 7 of the RESULTS comments that the newly diagnosed patients were "presumably" not on therapy - was this



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not known? 12. The data shows lower levels in the newly diagnosed CD group than in any of the other three groups. This pattern is not clearly explained. If higher levels relate to therapies, then why would the control group have higher levels? If higher levels are related to underlying immunodeficiency, then all the CD groups should be higher than controls. 13. Why should just 5-ASA be associated with higher levels? Why not the immunosuppressive drugs? Did the authors combine the results from immunosuppressive therapies versus others? 14. Similarly, it is hard to explain why high levels would be seen in people with one drug, but lower levels in those on two or three drugs 15. Did the differences observed still exist when other multiple variables were taken into account? 16. How about co-morbidities (smoking, other drugs, etc)? 17. The legend for Table 1 does not have a legend present. 18. The use of the abbreviation T and the term T-bars is confusing in Fig 3. Control populations would be expected to be given on the left side of the graph