



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 17065
Title: Pre-lung transplant measures of reflux on impedance are superior to pH testing alone in predicting early allograft injury
Reviewer's code: 00074839
Reviewer's country: Spain
Science editor: Ya-Juan Ma
Date sent for review: 2015-02-10 17:04
Date reviewed: 2015-03-04 02:33

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like Grade A, B, C, D, E, polishing, Google Search, Duplicate publication, Plagiarism, etc.

COMMENTS TO AUTHORS

Pre-lung transplant measures of reflux on impedance are superior to ph testing alone in predicting early allograft injury. Comments to authors: General comments Right now, ph-testing is the gold standard for the study of the function of the esophagus and the measure of acid reflux. As authors mentioned in the manuscript, the gastroesophageal reflux has been associated with poor lung transplant outcomes, including allograft injury and rejection. If these results are confirmed in posterior randomized and prospective studies, it is possible that multichannel intraluminal impedance (MII) could substitute ph-testing for preoperative study of acid reflux in patients in which a lung transplantation is going to be performed. The quality of the manuscript's presentation and readability is appropriate. The study has been approved by the Partners Healthcare Institutional Review Board prior to the inception. Specific comments Title: The main and short titles reflect the major topic and content of the study. Abstract: The abstract is clear and concise. However, I believe is better to write "from January 2007 to November 2012" instead of "1/2007-11/2012". Materials and Methods: Authors do not mention if patients with reflux were in treatment with proton pump



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inhibitors (PPI). The present study lacks systematic prospective data acquisition, and therefore selection of patients with both ph-testing and MII could be a selection bias. Statistical analysis seems to be correct. Maybe sample size is small. Results: Causes of death (8 patients) and postoperative complications (7 patients) were not explained. If subjects who did not survive beyond the first 30 days after transplant were excluded of the study, I have no clear idea about how many patients have been selected in the study for the statistical analysis (32 patients or 24 patients). Could you explain to me? Discussion: The discussion is well organized and the conclusions are appropriated. It is very interesting the section related to limitations of the study, which adds more value to the investigation. References: References have to be revised according to manuscript guidelines for authors. Some references are cited with 3 authors and et al, and others with six authors. Maybe 11 references are not enough for an original article. Tables and Figures: Table 1: The abbreviations of the text are not explained in the bottom of the table. Finally, I have some questions for authors: As you cited in the manuscript, gastroesophageal reflux has been associated with poor lung transplant outcomes, including allograft injury and rejection. Although proton pump inhibitors is less likely to have an effect on non-acid reflux, Is there any protocol in lung transplantation that administrates PPI to the patients with clinical reflux or in patients with reflux measure on multichannel intraluminal impedance and ph-testing in order to improve the outcomes of this kind of transplantation? In the same way, could be indicated in these patients an antireflux technique during lung transplantation or a postoperative treatment with PPI? Evaluation of the manuscript C: good Scientific writing: B: minor language polishing required



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17065

Title: Pre-lung transplant measures of reflux on impedance are superior to pH testing alone in predicting early allograft injury

Reviewer's code: 01427092

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2015-02-10 17:04

Date reviewed: 2015-03-05 13:18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript entitled "Gastroesophageal reflux,Lung transplantation,Multichannel intraluminal impedance,pH-monitoring,Allograft injury" was reviewed. This retrospective study showed part of reflux diseases, but there was several limitations.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17065

Title: Pre-lung transplant measures of reflux on impedance are superior to pH testing alone in predicting early allograft injury

Reviewer's code: 02861597

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2015-02-10 17:04

Date reviewed: 2015-04-02 03:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Important study. Some questions: 1. How many of the patients had gastroparesis and how did this influence the impedance findings. 2. The advantage of impedance over pH measurement is clear; what the clinician will want to know are: (a) how predictive, in concrete terms was MII? (b) which parameter or group of parameters was/were most predictive? (c) should pH alone be abandoned?