

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19553

Title: Kefir Treatment Ameliorates Dextran Sulfate Sodium-Induced Colitis in Rats

Reviewer's code: 03254123

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-05-14 17:09

Date reviewed: 2015-05-22 19:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

General comments The study described a preventive effects of kefir in experimental colitis by suppression of inflammatory markers (MPO, TNF-alpha, and iNOS levels). The findings are of interest. The study provided solid evidence to support the results. Overall, the data are convincing and the conclusion part is strong. However, the authors should still clarify several issues in the manuscript as listed in the following. 1. Since the authors mentioned several probiotic bacteria: Lactobacillus salivarius, Escherichia coli ssp, VSL#3, Lactobacillus rhamnosus GG, Bifidobacterium infantis, etc., it will be curious to know the advantages and disadvantages of these probiotics in comparison with kefir in terms of IBD-treatment. Is there any probiotics available for IBD treatment? 2. Why do the the authors choose 5ml orogastrically-fed daily as the dose level? How does this relate to levels attainable in the human diet? 3. Can additional data be provided, such as the changing of upstream NF-kB since NF-kB is highly relevant to the mechanistical link with the downstream inflammatory cytokines. 4. It's better to provide some background introduction of HT29 and LS174T cell lines to make all those transient transfection experiments reasonable. 5. Determination of cytokine levels: Authors used mid-colon for this analysis. Any specific reason for selecting this



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section of colon? 6. Kefir was administered to mice 7 days prior to DSS. This protocol reflects preventive approach. Any specific reason authors used preventive approach rather than therapeutic”

7. Authors need to clarify the experimental protocol for the Biochemical analyses, For example: MPO activity assay, TNF-alpha and IL-10 ELIZA methods, MDA HPLC procedure, the iNOS antibody for western blotting experiment. Provide the vendors information, catalogue number, and dilution factors used for the study. 8. Provide figures and tables legends. In addition, there a couple of flaws in the manuscript need attention: 1) In the Introduction, “probiotic VSL3#” should be replace with “probiotic VSL#3”. In the Methods-Histopathological examination, “ A scor between 0-30 was obtained (22)” should be “ A score between 0-30 was obtained (22)”.