

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23825

Title: Autofluorescence imaging endoscopy can distinguish non-erosive reflux disease from functional heartburn

Reviewer's code: 02567645

Reviewer's country: Italy

Science editor: Ze-Mao Gong

Date sent for review: 2015-12-22 14:19

Date reviewed: 2015-12-23 04:33

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		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Summary, The article entitled "Autofluorescence imaging endoscopy can distinguish non-erosive reflux disease from functional heartburn" Luo X et al. is an observational study aimed to verify whether autofluorescence imaging (AFI) endoscopy could distinguish non-erosive reflux disease (NERD) from functional heartburn (FH). The main result was that the sensitivity and specificity of AFI in differentiating NERD from FH were 90.5% (95%CI, 81.5-96.1%) and 90.0% (95%CI, 55.5-99.7%), respectively. This study is clear and well written. This study presents many strengths, including the use of the state-of-the-art methods to define NERD and FH, the prospective design and the sample size. The main limitation is the lack of a control group of healthy volunteers. In summary, I believe that data reported are novel and very interesting from a clinical point of view. I have no doubts they should be published in the World Journal of Gastroenterology or elsewhere. Minor Concerns: - Introduction section. Please, replace "complicated diagnostic methods" with "invasive diagnostic tests". Also, a reference here should be more than appropriated (Savarino E et al. NERD: an umbrella term including heterogeneous subpopulations Nat Rev Gastroenterol Hepatol. 2013 Jun;10(6):371-80.

doi: 10.1038/nrgastro.2013.50. Epub 2013 Mar 26. and Savarino E, et al. The added value of impedance-pH monitoring to Rome III criteria in distinguishing functional heartburn from non-erosive reflux disease. Dig Liver Dis. 2011 Jul;43(7):542-7. doi: 10.1016/j.dld.2011.01.016. Epub 2011 Mar 3) - Introduction section. The sentence "As is known to all, NERD is characterized etiologically of acid reflux, whereas FH is not." Is somehow misleading. It is well known now that NERD may be secondary to acid and/or weakly acidic reflux as suggested by several papers (Savarino E, et al. The role of nonacid reflux in NERD: lessons learned from impedance-pH monitoring in 150 patients off therapy. Am J Gastroenterol. 2008 Nov;103(11):2685-93. doi: 10.1111/j.1572-0241.2008.02119.x. Epub 2008 Sep 4) - Introduction section. Please, replace "classic reflux symptoms" with "typical reflux symptoms". - Methods section. Which rescue therapy was allowed during the wash-out period? Alginate? Magaldrate? I suppose that they undertook some kind of rescue medication (Savarino E, et al. Alginate controls heartburn in patients with erosive and nonerosive reflux disease. World J Gastroenterol. 2012 Aug 28;18(32):4371-8. doi: 10.3748/wjg.v18.i32.4371) - Do you have any data about impedance baseline levels between NERD and FH? - If yes, did the authors correlate the AFI results with baseline impedance levels? This could be an easy and very good study to perform

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23825

Title: Autofluorescence imaging endoscopy can distinguish non-erosive reflux disease from functional heartburn

Reviewer's code: 00214251

Reviewer's country: Romania

Science editor: Ze-Mao Gong

Date sent for review: 2015-12-22 14:19

Date reviewed: 2016-01-03 16:44

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 checked="" 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"/> 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		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is indeed an original study, deserving caution in interpretation. Authors should estimate the sample size and the risk of alpha and beta errors for this study. Being the first research on this topic, given the limited number of subjects; the manuscript should bear the subtitle "preliminary data" or "pilot study". The philosophy of the study is based on a single reference (3), thus it is necessary to elaborate more on the premises of this study and on the pitfalls of the method.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23825

Title: Autofluorescence imaging endoscopy can distinguish non-erosive reflux disease from functional heartburn

Reviewer's code: 00028194

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2015-12-22 14:19

Date reviewed: 2016-01-07 02:23

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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors do an excellent job of assessing AFI endoscopy for its utility in the evaluation of NERD versus FH. It appears to be a more detailed follow-up from their previous manuscript published in the Journal of Gastroenterology and Hepatology (Volume 29, Issue 7, pages 1442-1448, July 2014). The flow diagram explaining patient recruitment and exclusions is extremely helpful. The color images are exceptionally well done, and very instructive. The manuscript is well written. The authors did a nice job with the English language. The authors are encouraged to continue this line of work, which is of great potential importance, especially given the dramatic rise in GERD as the rate of obesity rises.