

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23208

Title: Follow-up of patients with functional bowel symptoms treated with a low FODMAP diet

Reviewer's code: 00503587

Reviewer's country: New Zealand

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-30 09:29

Date reviewed: 2015-11-22 11:10

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 checked="" 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" 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

This manuscript provides a retrospective assessment of the impact of reducing FODMAPs in individuals with functional gut symptoms. Specific Comments 1. The title might be revised slightly: the current implication is that this diet was a treatment for IBD (rather than for functional symptoms). The title also suggests that this is beneficial long-term: however the median followup is less than 2 years, which is less than one fortieth of a life-time. 2. the abstract suggests that patients with functional symptoms on top of underlying IBD had more complete symptom improvement - however the p value listed was above 0.05. 3. The depiction of the possible disease courses (e.g. continuous (c)) are somewhat confusing to read (particularly with the addition of a letter in brackets) 4. The results comment on adherence. It is not clear (and will be very limited by study design) as to whether or not this means the initial introduction of the low FODMAP diet or subsequent ongoing adherence. The key concept of using this diet is not to stay on complete avoidance forever. 5. The Abstract concludes that this dietary intervention is efficacious. However, this conclusion does not consider the study design and patient bias, and reports data from patient perspective only. This

conclusion should be modified accordingly. 6. The core tip and the manuscript itself state this works shows how to implement a low FODMAP diet. However, this is not an instructional report. This should be amended accordingly. 7. The Methods do not make clear how patients with IBD who had functional symptoms were proven to not have concurrent gut inflammation. Nor do the authors delineate who this was excluded during followup as well. 8. The questionnaires section of the Methods comprises a number of one sentence paragraphs. 9. There are number of incorrectly used words or English phrases that all need to be corrected. Sat on page 8 of the PDF should be set. 10. The comment about e-Health would be best to be provided in the initial parts of the Methods 11. The first part of the RESULTS requires a subheading. 12. As above, the first sentence of the DISCUSSION should be amended 13. The first three paragraphs of the Discussion largely restate the Results arising, without discussion thereof. 14. The number of patients who reported full or partial benefits is listed as 87%, but the two subsets are 54% and 32% (which does not add to 87%) 15. The study design and the large number of subjects who were not included (actively or inactively) limits the value of the study, and provides significant bias. This is stated in the Discussion, but should be more clearly stated within study conclusions. 16. Table 2 does not explain what FARSD stands for. This should be more independent from the text of the manuscript. Almost all of the other legends could also be enhanced to be more comprehensive.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23208

Title: Follow-up of patients with functional bowel symptoms treated with a low FODMAP diet

Reviewer's code: 00036328

Reviewer's country: Italy

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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 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

'Long term follow-up of patients with IBS and IBD treated with the low FODMAP diet' is a retrospective study with data prospectively collected from 2009 to 2013. The study design is acceptable and the results should be of interest in the IBD field. 1. Even though IBD is more prevalent in female gender, the high number of female in IBS and IBD group (82% for both) could be a potential bias for this study. 2. Questionnaires were developed to evaluate efficacy of diet, dietary management, compliance, satisfaction, and IBS course prior and after dietary intervention. They seem arbitrarily constructed and not validated even for reliability in previous studies. This make the study results with a lower scientific weight. 3. Table 2: I don't understand a in parenthesis (a) 4. Figure legends could be self-explaining. For this reason, the explanation of p values must be added in the legends together with the legend for a, b, c, and d.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23208

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input 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

This study is of relevance and importance given the widespread use of the low FODMAP diet in the management of patients with IBS, and those with functional GI symptoms in IBD. Although there are clearly limitations with such a retrospective study based on patient self-report questionnaires, the study provides some interesting long term data. My concerns for the authors to address are as follows: 1. It is unclear to me that in a cross-sectional study how the authors can make judgments on the disease course (ie as per Figure 1) of IBS. This appears very subjective and unvalidated – there are little data that I am aware of that shows that IBS follows certain courses as described in Figure 1, especially when factors such as stress, holidays, dietary indiscretions or infective exacerbations can easily influence symptoms in IBS? 2. I wonder whether it might have been preferable to focus on IBS alone as the condition of interest, given there were relatively small numbers of IBD patients anyway. Moreover in IBD, there may be even more confounding factors affecting the efficacy of the low FODMAP diet including severity of concurrent inflammation, subtype, disease extent/ distribution and medication factors to name a few. Also comparison of IBD and IBS is rather superfluous in a



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sense, like comparing apples to oranges – clinical relevance? 3. In “Core Tips” section, please change “FOMDAP” to “FODMAP” 4. The legend descriptions for Figures 3 and 4 are unclear and should provide more detail as to what the graphs are representing.