

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27436

Title: Towards a new paradigm of microscopic colitis: Incomplete and variant forms

Reviewer's code: 02729987

Reviewer's country: Portugal

Science editor: Jing Yu

Date sent for review: 2016-05-30 11:54

Date reviewed: 2016-06-05 22:19

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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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

The paper entitle "TOWARDS A NEW PARADIGM OF MICROSCOPIC COLITIS: INCOMPLETE AND VARIANT FORMS" by Danila et al is a review of incomplete and variant forms of microscopic colitis. This is a well-written and very complete review, on an interesting topic. I have two major concerns related to this paper: this is more a review on microscopic colitis than on incomplete forms, and most important, the definition of incomplete microscopic colitis (and variants) is not well established, is very heterogeneous between studies and this may limit the collection of the data for a review. Some information on the manuscript could be given on tables. More data on therapy and biopsy collection is missing. Minor correction "This study is already registered ans is in the process of subject recruitment" should be "already registered and is in the...."

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27436

Title: Towards a new paradigm of microscopic colitis: Incomplete and variant forms

Reviewer's code: 02445653

Reviewer's country: Greece

Science editor: Jing Yu

Date sent for review: 2016-05-30 11:54

Date reviewed: 2016-06-13 14:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] 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"/> [Y] No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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"/> [Y] No	

COMMENTS TO AUTHORS

Nice document review of the iMC, you should break the paragraphs (many are way too long) accordingly and use "" for their multiple Pubmed search terms. You should also recommend the use of the term MC-unclassified, in accordance to the IBDU.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27436

Title: Towards a new paradigm of microscopic colitis: Incomplete and variant forms

Reviewer's code: 01490743

Reviewer's country: Sweden

Science editor: Jing Yu

Date sent for review: 2016-05-30 11:54

Date reviewed: 2016-07-07 22:35

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

Comments on Guagnozzi New paradigm of MC

This review provides a valuable overview of the different disease manifestations and the information is useful for those with special interest within the field. There are some comments:

The page numbers are wrong in the first 9 pages, 11 instead of 1 and so on.

Page 6, second paragraph, line 6: From 2007, MC was classified into... - was it really a consensus or a suggestion?

Page 6, second paragraph, last part: MCi recently emerged... with a reference from 1999. "Recently" should maybe be more limited?

Page 7, first paragraph, last part: ileal inflammation was described. This is important. It could maybe be mentioned that the inflammation in colon is most pronounced in the right colon adjacent to the terminal ileum. This probably has some clinical significance although we do not yet recognise it.

Page 8, middle part, reference 25: a gold standard for the collagen band thickness is lacking. There has been some agreement about cut-off, se for example Bela Veress but also other authors that has suggested a cut-off that, to the best of my knowledge is commonly accepted.

Page 11, second paragraph, last part: IELs can be increased but it is not stated what part of the intestine that is referred to. Celiac disease predominantly affects the proximal part of the small intestine and in that part HP infection and giardiasis (among others) could also contribute to an increased number of IELs. If it really is the colon that is discussed in this paragraph it should be clarified.

Pages 13-14 about the epidemiology: This description is correct. However, in view of the geographical variations for a number of other immune mediated GI diseases it could be worth mentioning the north-south gradient that is similar to that in IBD. See for example Vignani's article in WJG from 2012.

Page 14, second paragraph: The incidence is described in three articles by Björnbak, Fernandez and Rasmussen from 2016, but how about the article by Rasmussen et al from 2012 in APT instead of the one from 2016?

Page 15, 4 lines from bottom: define => defining.

Page 16, lines 6 and 11: Two sentences are stated as "finally". Perhaps it should be only the last.

Page 17, 5 lines from bottom: slight => slightly.

Page 19, second paragraph: Lactose malabsorption can be primary caused by a mutation and detected by gene analysis or secondary caused by any kind of GI disorder and then detected by oral testing. These two different entities have been mixed up in this paragraph. Secondary lactose malabsorption could be caused by MC but not the genetic mutation unless there should be some kind of linkage disequilibrium and that has not been suggested anywhere.

Page 20, line 10-12: Inflamed lamina propria is more important than IEL for the diarrhoea. The line of thought is unclear to me. How can that conclusion be drawn (that lamina propria is responsible for the diarrhoea)? How about for example sodium channels? See Schulzke's works about this.

Page 20, conclusions: ... higher incidence of BAM and lactose malabsorption. BAM is correct but lactose malabsorption – can that conclusion be drawn?