

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28868

Title: Possible therapeutic role of IgE blockade in irritable bowel syndrome

Reviewer's code: 02531171

Reviewer's country: Ireland

Science editor: Jing Yu

Date sent for review: 2016-07-21 11:10

Date reviewed: 2016-08-29 18:14

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"/> 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 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

The editorial submitted to World Journal of Gastroenterology entitled 'Possible therapeutic role of IgE blockade in irritable bowel syndrome by Magen and Chikovani describes the potential use of humanised antibody treatment for targeting the symptoms of irritable bowel syndrome. This is a well written article although there are grammatical errors and typos throughout. The authors propose a new therapeutic strategy by using omalizumab for treating IBS. However, the editorial seems superficial in its review of the literature and the argument for a new cure for IBS is currently unconvincing. Some additional minor comments are listed below. Abstract: describe what omalizumab is and its mechanism of action on first mention in the abstract. Indicate what is being discussed in the editorial. Core tip: This is merely a repeat of part of the abstract – state the main point of the editorial: is antibody therapy an attractive therapeutic option for functional bowel disorders? Introduction: Provide some context to the main points being introduced e.g. Does early-life stress actually cause an inflammatory response or exacerbate it? Furthermore, the importance of mast cells has not been introduced before suggesting a treatment that would target that specific aspect of IBS pathophysiology. Name each abbreviation on first mention (both in the



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

abstract and the main text). Main body of editorial: 'Enteric motility' (pg 5) would probably be accurately describes as gut motility regulated by the enteric nervous system. The second paragraph 'Both histological samplings....' would be a better opening paragraph to this section, to provide an understanding of immune activation in this disorder, which is only just being accepted as part of the etiology of the disorder. More detail on the encouraging clinical results of MC stabilisers is needed. Some discussion of low FODMAP diets would be interesting in the section entitled 'IBS and food hypersensitivity'. This is a controversial area with several meta analyses of clinical interventions unable to detect beneficial effects of food elimination. Is urticaria or asthma common in IBS or was the effectiveness of anti IgE treatment in these patients a felicitous finding. More details on the experimental strength of the two key experiments are needed (ie. numbers of patients etc) The title 'Anti IgE therapy can abolish to downregulate mast cell activity in IBS' does not make sense. This section needs some concluding remarks about how the changes in mast cells could underlie symptom improvement. The Conclusion section needs a good deal of work - it should not simply be a reiteration of some of the work discussed in the editorial. Do the authors believe they have found the cure for IBS? How will the field change following the two clinical studies demonstrating favourable effects of this new treatment strategy. Will this be effective in all subtypes of IBS?



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28868

Title: Possible therapeutic role of IgE blockade in irritable bowel syndrome

Reviewer’s code: 03474957

Reviewer’s country: United Kingdom

Science editor: Jing Yu

Date sent for review: 2016-07-21 11:10

Date reviewed: 2016-08-03 14:48

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"/> 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 checked="" 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

Good article on the observation that a patient with urticaria and IBS, when treated with Xolair, bowel symptoms disappeared. This is similar to the observation we found that Xolair improved asthma and IBS symptoms. The role of IgE in IBS is worth further consideration however, these medications are incredibly costly as they are in their infancy. This needs to be mentioned in the conclusion and I do not believe that it will be a feasible treatment option in all patients with IBS. These medications have the potential to work in a subset of IBS patients although as of yet we do not understand the underlying pathophysiology. Those with atopy (and elevated serum IgE levels) may derive the most benefit from these medications. This was a good editorial examining the evidence. I would recommend for publication with minimal language amendments.