

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 30363

**Title:** Impact of gastroesophageal reflux control through tailored proton pump inhibition therapy or fundoplication on Barrett's esophagus.

**Reviewer's code:** 00055273

**Reviewer's country:** Brazil

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-07 21:23

**Date reviewed:** 2016-10-19 04:57

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 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

The Swedish group present a manuscript on a prospective comparison between a group of patients under medical treatment for GERD with progressive doses of PPI until normal acid exposure is achieved and a group of asymptomatic patients after a fundoplication. This group has been teaching us a lot about medical x surgical therapy for GERD. This papers reproduce some of previous publications but with an increasing dosage of PPI. The idea is interesting; however, the manuscript is confusing at some points: 1) The surgery group has a more-than-expected percentage of pathologic reflux even though patients are asymptomatic. I cannot understand how this subgroup can contribute to the study. They are in fact just like non-operated patients at baseline. 2) Patients in group 2 with reflux and without reflux have significantly different GERD\_HRQL scores. How? They were supposed to be asymptomatic.... 3) Patients with a successful fundoplication are GERD-free for at least 5 years. Is this comparable to a short-course PPI therapy? Do group 1 patients had PPI for the first time in their life or were taking the medication before? For how long? I think it is an important information 4) A significant % of patients in group 1 are "PPI resistant". Please inform which



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measures were taken to assess that patients were taking medication correctly, were not taking pantoprazole before and had tolerance to the medication, etc. 5) The clinical significance of this study is, for me, that esophageal neutralization is hard to obtain in patients with PPI. However, the authors showed that does not really matter if GERD control is objectively achieved or not (I am not sure if a long-term follow-up would change this concept). A good contribution would be to identify predictors for not achieving GERD control. Some were analyzed but dispersed throughout the manuscript (age, BMI) while others were not analyzed (esophageal motility). Minor comments: 1) Figure 2 should not have "survival" included.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 30363

**Title:** Impact of gastroesophageal reflux control through tailored proton pump inhibition therapy or fundoplication on Barrett's esophagus.

**Reviewer's code:** 03473712

**Reviewer's country:** United States

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-07 21:23

**Date reviewed:** 2016-10-25 08:53

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 is an important study demonstrating the effect of escalating doses of PPIs and fundoplication on quality of life, intraesophageal pH and histology in patients with Barrett's esophagus. The important points to note are the fact that only 58% of BE patients had normalization of acid with once daily PPIs and 40% of patients with fundoplication had abnormal acid reflux. Also, there is a dissociation between symptoms and adequate acid control.

- 1) The title is misleading. The study is of very short duration and is not designed to study any effect of PPIs or fundoplication on Barrett's esophagus.
- 2) In abstract, conclusions are wrong and not supported by the results. In PPI group, there was improvement in symptoms between untreated to PPI once daily group. But no further improvements are noted with escalation of the doses.
- 3) The objectives are too many. The authors keep mentioning about acid reflux variables throughout the manuscript but the only value shown is the total acid reflux. Instead of using normal versus abnormal reflux, it is best to divide groups into normal pH study versus abnormal pH study.

- 4) Do authors have manometry findings in these patients?
- 5) Under RESULTS section, subheadings such as Demographics, Normalization of Acid with PPIs, pH study findings, Histology etc make the manuscript more reader friendly.
- 6) In results section, it is mentioned that grading of inflammation was stable throughout study period in Group2. However, in methods it is mentioned that group 2 had only one endoscopy.
- 7) Discussion is rambling and need to be shortened presenting only relevant information for this study. Since this study is not designed to address longterm effects of acid suppression with PPIs in Barrett's, that part of discussion can be deleted.
- 8) References need to be formatted per WJG guidelines.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 30363

**Title:** Impact of gastroesophageal reflux control through tailored proton pump inhibition therapy or fundoplication on Barrett's esophagus.

**Reviewer's code:** 00050556

**Reviewer's country:** Greece

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-07 21:23

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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 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 manuscript is of significant scientific merit and should be published in priority after certain revisions have been made. It is a prospective comparative study of two cohorts which used medical or surgical treatment to control gastroesophageal reflux in patients with Barrett's esophagus. 1. The number of patients participating in the two cohorts is small-however this cannot be changed. The study has been very meticulously designed and accomplished and has reached to important conclusions. However, the study is of relatively short duration. Moreover the group 2 consists of patients who had undergone a previous fundoplication in the past, so this group did not receive prospectively any further treatment, not even the subgroup of patients with abnormal acid reflux (12/30 pat). 2. In the first cohort of medical treatment, it is interested that increasing doses of PPIs have been used to achieve reflux control. This indicates that manipulation of therapy in such a difficult-to-control disease is essential- however, this makes the results of the study more vulnerable to biases. The results of treatment have been studied carefully both from clinical, laboratory and histological point of view. Although the increase in the dose of PPIs has achieved symptomatic relief



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in most patients, this is not reflected by substantial changes in the lab measurements, as is evident in the Figures. 3. A strong point of this study is the histological results. The authors studied the papillary length, basal cell layer, thickness and the width of the intercellular spaces. They admitted however that there was only a marginal effect of therapy towards normalization, and this is probably due to a limited time of follow up period. 4. The study is generally acceptable and leads to useful conclusions. However, the results could be considered as preliminary of an ongoing study comparing medical to surgical treatment of GERD and the efficacy of the two treatments in preventing Barrett's esophagus.