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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 31913
Title: GI symptom prevalence depends on disease duration and GI region in T2DM
Reviewer's code: 03489437
Reviewer's country: Poland
Science editor: Ze-Mao Gong
Date sent for review: 2016-12-16
Date reviewed: 2017-01-04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In the article authors describe the statistical analysis of the most frequent complications of the gastrointestinal tract in patients with different duration of diabetes of type II. Complications from the digestive system are one of the most common systemic disorders occurring during long lasting diabetes. The pathogenesis of this type of disorders is still poorly understood. Unfortunately, the article is lacking some important information. Introduction The authors do not present any current information on the cellular mechanisms for the development of gastrointestinal disturbances. There is no information on the aim of this work. Material and methods The information about drugs used in the course of the experiment for example dose of oral antidiabetic drugs, dose of insulin supplementation (e. g insulin glargine/ levemir or others) as well as dietary information presented in table 1 is incomplete. Moreover, in the main text there is a lack of reference to table 1. What is more, there is a lack of other blood parameters like lipids or blood clotting factors. If results mentioned above are present then they should placed in the section of results. In the discussion part, authors

should also focus on the pathophysiological causes of the development of complications as well as possible disturbances in the functioning of the enteric nervous system as the cause of autonomic neuropathy. What does, according to the authors, significant diarrhea mean ? In the last paragraph authors mentioned several limitations, which could not be carried out in the present study. Has there been any information about such research being done in other centers ?. If yes it should be presented in the current manuscript. What is the cause of a more rapid development of complications in the lower GI as compared to the upper GI ?. Generally, there are differences between the title of the work and its purpose. In the title there is no information on quality of life. Therefore the question arise - what it is the quality of life in people with T2DM.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
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Title: GI symptom prevalence depends on disease duration and GI region in T2DM
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Reviewer's country: United States
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The paper by Fujishuro and Colleagues analyzes the occurrence of gastrointestinal symptoms in a cohort of individuals with type 2 diabetes. In particular, it emphasizes the fact that rates of symptoms differed with regard to disease duration, with the lower abdominal symptoms being present both early and later on, thus representing a distinctive tract of the intestinal disease in diabetes. It is important to note that even without concomitant complications individuals with T2D develop GI symptoms, thus highlighting that the intestine may be targeted directly by the disease. Main comments 1) In the Introduction section: Citation of recent literature in the field will improve the paper in this section. The recent discovery of Colonic stem cells alteration in diabetic enteropathy should be mentioned as this may represent an independent mechanism whereby GI symptoms occur despite the duration of the disease (Cell Stem Cell 2015) and may also represent a target for hyperglycemia and inflammation during T2D. A review has been also published on GI disorders in diabetes in 2016 in Trend Endocrinology and Metabolism, which should be also included in the References.

Given the scarce data available on this topic every paper that address its importance especially in the field of diabetes may reinforce the Authors findings. 2) In the Results section: It has been reported in other studies that glycemic control correlates with the severity of symptoms. The authors showed that higher levels of HbA1C are associated with a score of 5 or higher for the Izumo test. Did the Authors perform a correlation analysis between HbA1C levels and occurrence of specific symptoms such as diarrhea or constipation? Can they comment on that? 3) In the Results section: Is insulin therapy associated with a lower or a higher score? Which symptom is more represented in individuals treated with insulin therapy? 4) In the Results section: It would be interesting for the Izumo score having a comparison with non T2D patients. How big is the impact of GI disorders in T2D as compared to nonT2D in their cohort? Can the Author comment on that? 5) In the Discussion section: A small paragraph on what's known and what has been published on mechanisms underlying GI disorders in diabetes (very few data) before assessing the limitation of the study may counteract the lack of data in support (endoscopy exc.) as claimed by the Authors. Minor points Results page 7: "diabetic triopathy", please edit the grammar or spell out appropriately Legend of Figure 3 reports "maicroangioapthy". Please correct with the appropriate term Figure 4 has panel (a) and (b) but the description in the legend is missing. Please edit accordingly or remove the (a) and (b) in the figure. Considering the scanty data available in the literature on this topic, this study may certainly reinforce the clinical relevance of intestinal disorders in diabetes and increase the interest of the scientific community around it. Overall the paper describes some relevant novel aspects that may be further addressed and confirmed with some experimental detailed studies. Following an appropriate revision, the paper might be considered for publication.