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Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Respiriology

ESPS Manuscript NO: 5326

Title: ATX and LPA signaling in lung pathophysiology

Reviewer code: 00000083

Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-30 13:50

Date reviewed: 2013-09-05 21:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have compiled a comprehensive review of LPA and ATX in the context of pulmonary physiology. The review is put together fairly well considering the amounts of information presented. Apart from some odd sentences, typos, and relative minor redundancy, the article is acceptable. 1. p10: needer -> needed 2 p9: the last sentence of the 2nd paragraph: unclear and should be rewritten. 3. p 12: line 3, check the references. Decreased TER and accumulation of E-cadherin have opposing effects. 4. A concluding remark or paragraph is in order.



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ESPS Peer-review Report

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ESPS Manuscript NO: 5326

Title: ATX and LPA signaling in lung pathophysiology

Reviewer code: 00068638

Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-30 13:50

Date reviewed: 2013-09-08 18:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper described about the review of 'ATX and LPA signaling in lung pathophysiology'. The paper is well-written. However, from the standpoint of cancer research, the paragraph of 'Lung cancer' is needed to be revised, because both LPA and ATX are recent topics in cancer research field and much is already known in detail. Apart from lung, expression profiles of LPA receptors in various human cancer tissues were investigated. And now, LPA2 receptor is known to be highly expressed in various human cancer tissues. That is, in ovarian, colon, and thyroid cancers, malignant transformation resulted in aberrant expression of LPA2 (and LPA3 in ovarian cancer), suggesting that shifts of LPA receptor expression during malignant transformation were involved in ovarian, colon, and thyroid carcinogenesis. There is an important paper describing that expression of ATX and LPA receptors increases mammary tumorigenesis, invasion, and metastases (Cancer Cell 2009:539-550). Moreover, there is also a paper about ATX and LPA receptor signaling in cancer (Cancer Metastasis Rev 2011:557-565). Thus, cancer researchers want to know about not only the relation between ATX-LPA and cancer, but also LPA receptors and cancer. The authors mentioned about LPA receptors expression of cancer cell lines, which is not always consistent with that of human cancer tissues. Therefore, LPA receptors expression of cancer cell lines is not important. Is there any paper describing about LPA receptors expression of human lung cancer tissues, as well as ATX expression?



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ESPS Manuscript NO: 5326

Title: ATX and LPA signaling in lung pathophysiology

Reviewer code: 00289720

Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-30 13:50

Date reviewed: 2013-09-10 03:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript is a comprehensive review of autotaxin and LPA signaling in lung physiology and pathophysiology. The authors have done a nice job compiling a large amount of studies, as the field of LPA signaling has increased enormously over the past decade. The manuscript is clearly written and the authors do well in pointing out results in the literature that may be considered contradictory. As the authors suggest in their cover letter, there are occasional instances where the language may be improved, but otherwise the writing is well done. The only suggestion for improvement here is the addition of a Summary section that would put the literature so far into some perspective, along with the authors' suggestions of potential future directions for the field.