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### **ESPS PEER-REVIEW REPORT**

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 16776

Title: Clinical Asthma Phenotyping; a Trial for Bridging Gaps in Asthma Management

Reviewer's code: 00646232 Reviewer's country: Egypt Science editor: Yue-Li Tian

Date sent for review: 2015-01-29 16:41

Date reviewed: 2015-02-05 20:41

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

### **COMMENTS TO AUTHORS**

My Review: Dear respected editor; I read with interest this article about (Clinical Asthma Phenotyping; a Trial for Bridging Gaps in Asthma Management). The topic is relatively new and there are few data about the topic of the study especially in children and I think there are very few articles in the same field. I strongly recommend acceptance of this article. However, just I recommend that the author is be better do a table demonstrating the various asthma phenotypes with its genetic basis, pathological basis, lung functions, clinical presentation as well as its treatment.



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Date sent for review: 2015-01-29 16:41

Date reviewed: 2015-01-31 05:47

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[ ] Grade E: Poor	language polishing	[Y] No	[ ] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ Y] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

### **COMMENTS TO AUTHORS**

In their paper, "Clinical Asthma Phenotyping; a Trial for Bridging Gaps in Asthma Management" the author presents an informative overview covering several aspects that may be relevant for a possible subclassification of asthma, presenting a limited review of the literature in the field. The work contains most of the information necessary, however several details should be clarified or added. Asthma may be subclassified by aspects of clinical presentation, molecular genetic findings – that first have to be defined – and by certain laboratory findings, e.g. sputum analysis. Asthma therapy may be stratified on the basis of such a subclassificaton, either depending on logical conclusions (asthma with predominant cough may be treated by antitussiva, or asthma with predominantly allergic features may be treated by antiallergics) – or on statistical findings. However, any such stratification should be validated by further clinical studies to achieve evidence. In the work, several analyses or interpretations are collected, however, the evidence levels of the findings are not given, results from numerous studies ranging from molecuar genetics to clinical presentations, are just collected, and clear conclusions are lacking – the authors do not propose algorithms for appropriate therapy stratifications, nor do they develop a strategy to gain evidence for such an



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algorithm. Any of their information would be more clearly understandible if additionally presented in form of a table. Besides, some language polishing seems still necessary (see below). Thus the paper should be substantially improved to be published. Some examples of the numerous language problems: p.1 Instead of This article reviews different published work in terms of unbiased approaches write This article reviews different published works in terms of unbiased approaches p.2. Instead of The fact that there was a group of asthmatic patients with variable presentations who did not respond write The fact that there is a group of asthmatic patients with variable presentations who do not respond p.3. Instead of these different phenotypes of asthma still have diverse underlying biologic disease processes in each individual write these different phenotypes of asthma are based on diverse underlying biologic disease processes in each individual and so forth.