

November 11, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5477-edited-Review.docx).

Title: Diagnostic utility of faecal biomarkers in patients with irritable bowel syndrome

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The manuscript has been improved according to the suggestions of the reviewers:

1 Revision has been made according to the suggestions of the reviewers

- (1) Other faecal markers including alpha 1-antitrypsin, tumour necrosis factor alpha, lysozyme, and markers of eosinophil degranulation (e. g., eosinophil protein X, eosinophil cationic protein) have also been described as markers of intestinal inflammation but their clinical utility and/or diagnostic accuracy is inferior and data on their role in differentiating IBD from IBS are lacking or very limited. We have included these points in our edited manuscript (page 5).
- (2) The paragraphs on calprotectin and lactoferrin have been shortened.
- (3) The sentence on page 6, line 1+2 has been deleted ("In contrast to pathogen-associated molecular patterns proteins (PAMPs) as exogenous factors initiating inflammation, S100 proteins act as endogenous damage-associated molecular pattern proteins (DAMPs).").
- (4) The reference on SBFT on page 6, reference 19, has been deleted.
- (5) The typo ("IBD-D") on page 15, line 7, has been corrected.
- (6) A legend for figure 2 has been added.
- (7) Table 2 has been updated.
- (8) Faecal markers of neutrophil influx into the mucosa are reliable indicators of intestinal inflammation and their role has been mainly studied in discriminating IBD from non-IBD conditions (including IBS) rather than organic from non-organic diseases. Following the suggestion of the reviewer we have emphasized this fact in the abstract (page 3) and in the text (page 5). Reference #27 has been added (page 6).
- (9) The sentence at page 12 "It has consequently been proposed that faecal lactoferrin may have...." has been revised.

(10) According to the suggestions of the reviewer we have included a brief statement at the end of each chapter, which summarizes the clinical utility and/or diagnostic accuracy of each faecal marker. We have also mentioned that further studies are needed to confirm the promising results of the pilot study on faecal MMP-9 in IBD and IBS. In addition, reference #48 has been added (page 8).

(11) The sentence “However, results were more variable...” at page 11, in the lactoferrin chapter, has been moved to the beginning of the paragraph.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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