



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**ESPS manuscript NO:** 14841

**Title:** Epidemiology, management, and economic evaluation of screening of gallstone disease among Type 2 Diabetes: a systematic review

**Reviewer’s code:** 00069630

**Reviewer’s country:** China

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-29 08:16

**Date reviewed:** 2014-11-11 21:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input 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**

In this review, the authors try to discuss epidemiology, management, and economic evaluation of screening of GSD among type 2 diabetes. It is interesting and important. However, with the limitation of research field, the authors cannot correctly understand some clinical matters. 1、“From the viewpoint of preventive medicine, early detection of this disorder by regular screening followed by early treatment could prevent the resulting cholecystectomy.” It is the basic assumptions of the authors in this manuscript. However, GSD has a more complicated clinical aspect. It is not the rule for people with gallbladder stone definitely to progress towards more serious complications. In clinic, 60% of the patients with gallbladder stone are asymptomatic throughout their life. In these people, early detection may not help them to avoid possible healthy problem. Furthermore, up to now, there is no effectively early treatment for GSD that could prevent the resulting cholecystectomy. What we could and we should do now for GSD patients is to find the patients more likely to has a serious outcome in the future and perform an early cholecystectomy to avoid the secondary common bile duct stone, gallstone pancreatitis and possible cancerization. That



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is why some asymptomatic patients are indicated for cholecystectomy. Also, some asymptomatic patients with diabetes and cardio-cerebrovascular complications should be treated with cholecystectomy in a stable condition to avoid unpredictable attack of GSD. That is currently the aim for GSD screening.

2. If the four-state Markov chains model for the disease natural course of GSD following the pathway of proliferative phase was mapped as follows:

Single stone	?12	Multiple stones	?23	Cholecystectomy.	(State 1)	?34	No GSD	(State 2)
(State 3)		(State 4)		Authors take Markov chain model as the natural course of GSD.				

It is obviously unsuitable model since the natural history of GSD may be heterogeneous and more complicated. According to current knowledge, there is no relationship between the number of gallstone and cholecystectomy. We still have no clear idea about how the gallstone product and what is the progression factors for GSD.



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**Name of journal:** World Journal of Clinical Cases

**ESPS manuscript NO:** 14841

**Title:** Epidemiology, management, and economic evaluation of screening of gallstone disease among Type 2 Diabetes: a systematic review

**Reviewer's code:** 02903403

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

1.The format in several sentences should be modified, 'hard return' should be replaced with 'space' on Page 5 Paragrph 1 2.Page 7 last sentence: 'Zeeland' should be 'Zealand' 3.A table listed for the comparison of incidence of GSD in DM population in different ethnicities would be preferred for readers on Page 7 last paragraph to Page 8. And if there are more data from other western/asian population? 4.Page 11, in four-state Markov chains model: the authors should be aware that single stone might not always consequentially develop into multiple stone. 5.Any discussion on statin or ezetimibe with gallstone disease? 6.Page 16 'NTD' Should be exchanged to global currency such as dollar. 7.If any mechanisms for DM leading to GSD should also be discussed.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 14841

Title: Epidemiology, management, and economic evaluation of screening of gallstone disease among Type 2 Diabetes: a systematic review

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

Authors reviewed epidemiology, management, and economic evaluation of screening of gallstone disease from the viewpoint of preventive medicine. The review may be helpful to the diagnosis and management of screening of gallstone disease. I have comments in details as follows: 1. Regarding the title, "among type 2 diabetes" can be removed from the title. Because it seems that the content of the paper can't focus on "among type 2 diabetes". 2. Regarding prevalence, morbidity (incidence) and mortality in epidemiology including design or method, authors should define them clearly on the base of the studies reviewed. It is better that the authors should reviewed Epidemiology, management, and economic evaluation of screening of gallstone disease among patients with or without type 2 diabetes, in hospital-based or population-based study, respectively. Otherwise, it is unclear to readers. 3. Regarding screening of gallstone disease, it is not appropriate to discuss it in the natural course of gallstone disease. On the contrary, the influence of different-time screening on cholecystectomy may be listed in a paragraph of the text like "the economic evaluation of screening of gallstone disease".



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## ESPS PEER-REVIEW REPORT

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**Title:** Epidemiology, management, and economic evaluation of screening of gallstone disease among Type 2 Diabetes: a systematic review

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input 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 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

### COMMENTS TO AUTHORS

The Authors propose the screening of gallstone disease among patients who have a history of treated diabetes mellitus, in order to decrease the risk of cholecystectomy. This assertion is based on the fact that early treatment of gallstone disease reduces the morbidity and prevent serious outcomes such as acute gallstone pancreatitis and gallbladder cancer, slowing the progression of cholecystectomy. Considering the fact that dissolution therapy with oral bile acids could be only suggested to an extremely limited patient population (symptomatic gallbladder disease patients who are unfit for surgery and have small, uncalcified, and cholesterol-enriched stones), the majority of patients with or without complications will need surgery. Thus, the ultrasound screening is not appropriate in the natural course of gallstone disease. Finally, correction of punctuation is needed.