### CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

**Manuscript page number (Without Figures):** 30  
**Rate:** 6.2 CNY per page  
**Editing Fee:** 186 CNY

**Figure count:** 5  
**Figure handling time:** 120 min  
**Rate:** 1 CNY per min  
**Editing Fee:** 120 CNY

**XML and PDF converting time:** 30 min  
**Rate:** 1 CNY per min  
**Editing Fee:** 30 CNY

**Manuscript word count:** 7714  
**Total Editing Fee:** 336 CNY

**Scientific Editor:** Han Zhang (Online Science Editor)

**Date of signature:** 4/18/2022 (month/day/year)

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<th>Item No.</th>
<th>Specific items for verification</th>
<th>Comments</th>
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| 1        | *General Information of the Manuscript*  
**Name of journal:** World Journal of Gastroenterology  
**Manuscript NO.:** 73521  
**Column:** Randomized Controlled Trial  
**Title:** Saccharomyces cerevisiae CNCM I-3856 in IBS with predominant constipation: a randomized, placebo-controlled clinical trial  
**Authors:** Florian Mourey, Amélie Decherf, Jean-François Jeanne, Mathieu Clément-Ziza, Marie-Lise Grisoni, François Machuron, Sophie Legrain-Raspaud, Arnaud Bourreille and Pierre Desreumaux | [Y] |
### Reviewer code: 01488602, 05329903, and 05329903

### First decision: 2022-01-08 07:20

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<th><strong>Editorial Office’s Comments</strong></th>
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<td><strong>Science Editor:</strong></td>
<td>Please download the “73521_RevisionReviewReport” uploaded by the science editor and revise your manuscript accordingly. Please answer the reviewer’s comments point by point.</td>
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<tr>
<td><strong>Company Editor-in-Chief:</strong></td>
<td>I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1: Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage</td>
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returns or spaces to replace lines or vertical lines and do not segment cell content. Patient population: It is important to well define the study population. The conclusions of the clinical trial can be influence by the patient population, inclusion and exclusion criteria and/or randomization. For example, I would like to know how the clinical settings were decided (if any criteria) and which ones are they. This is important when changes to clinical practice are implemented, as these findings may only fit a specific population. With regards to the statistical analysis, there are many questions on statistical methods used. For example, why Fisher test (usually used for small sample size) and not chi square ?. As pointed by the reviewer 1, “Authors used ITT analysis, but the % of responders are not correct. They reported %Responders in probiotic (n=101, 45.1%) and placebo (n=74, 33.9%) with p=0.017, fisher's test (which is not appropriate, should use Chi). No denominators for these calculations were given in the text. If ITT denominators are used (Fig 1), these results differ: % responders in probiotic (n=101/230, 43.9%) and placebo (n=74/226, 33.2%, with p=0.02 from chi squared). The primary outcome (AUC for pain score) is reported as "A more important but nonsignificant difference in AUC for..." How can this result be MORE important, when it is NOT significant (p=0.10). Authors should revise this as a non-significant difference finding. The data shows the change in abdominal pain scores do NOT significantly differ for the probiotic vs placebo. However, there is still a significant finding for their
Another significant finding was the improvement in overall quality of life score (Fig 4), but it would be helpful to provide the raw data in the sentence in the text, not just giving a p-value and showing it in a Figure. Provide overall means in text please.”

Results: As the authors mentioned there is a high placebo response in this clinical trial, that is indeed seen with functional disorder, but also associated with a certain anxiety related to interpretation of these results. It is important therefore, to include more details about the patient population including a possible explanation of the higher level of abdominal pain at the baseline than patients included in other studies. Furthermore, in the discussion paragraph, the authors invokes the high placebo effect noted on prior clinical trials using probiotics as an explanation of the positive effect on gastrointestinal symptoms and lack of effect in the current trial. In fact, if that will be the case, we will see contrary results. Safety: needs a detailed table with side effects. Overall, this is a well designed study and will be publishable if clarification of the issues mentioned above by me and reviewers will be addressed.

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<td>The title concisely summarizes the main topic of the study and is not too long (no more than 18 words). Words such as ‘exploration’, ‘research’, ‘analysis’, ‘observation’, and ‘investigation’ are avoided. The title does not start with ‘The’ and does not include any Arabic numbers or uncommon abbreviations.</td>
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<td>5</td>
<td>A short running title is provided (no more than 6 words).</td>
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The authors' full family (sur)names and full/abbreviated first names are listed on the title page and are consistent with those listed in the signed BPG Copyright License Agreement form. [Y]

The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The author’s names are listed in the following format: full family (sur)name followed by abbreviated first and middles names.

e.g., “Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the manuscript. All authors have read and approve the final manuscript.” [Y]

The ‘Supported by’ statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors. [N]

The ‘Corresponding author’ passage provides the corresponding author’s full first and family (sur)names, abbreviated title (e.g., MD, PhD), affiliated institute’s name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors. [Y]

The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. [Y]

The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows:

Commentary, Frontier, Diagnostic Advances, Medical Ethics, [Y]
| Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. 
Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. 
Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). |
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<td>The ‘Key words’ list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. [Y]</td>
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<td>The “citation” contains authors’ names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. <em>World J Gastroenterol</em> 2019; In press [Y]</td>
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<td>The ‘Core tip’ provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract readers. [Y]</td>
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The ‘DISCUSSION’ section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.

The ‘ACKNOWLEDGEMENTS’ section expresses gratitude to any individuals or organizations for technical support (i.e., providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (i.e., useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.

The ‘ARTICLE HIGHLIGHTS’ section provides comments for original articles in accordance with the specified format.

The ‘REFERENCES’ section lists the references in the Vancouver style. This style uses Arabic numeral in-text citations based on the order of the first appearance of a source in the text. For citations where the author’s name is indicated in the text, a superscript number should be placed following the name (i.e., “Pang et al”). For citations where no author is indicated, a superscript number should be placed at the end of the sentence. Respective examples are: “Ma[1] reported ......”, “Pan et al[2-5] indicated ......”; “PCR has a high sensitivity[6,9].” No superscript numbers are used when the reference number is described in the text; for example, “The experimental method used has been described in reference [8].” The style of reference citations in tables is the same as that in the text (e.g., Pan et al[2-5], please see reference [8]).
Journal references have been verified to ensure that there are no duplicate references and that the PMID numbers are correct. For references not yet included in PubMed: the name of Chinese journals is spelled out using Chinese Pinyin, with the first letter of each word capitalized (e.g., Shi jie Huaren Xiaohua Zazhi); the name of journals in other languages are listed according to indexing information retrieved from Google. Book references are presented with all the information relevant to the electronic version.

The number of cited references is appropriate for the article type, as follows:
- **Commentary:** no less than 50;
- **Review:** no less than 100;
- **Article:** no less than 30/26;
- **Case Report and Letter to the Editor:** no less than 1.

The ethics-related statements are provided in accordance with the manuscript type (e.g., Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, etc.).

The names of the peer reviewers and the scientific editor are present at the end of the paper (e.g., P-Reviewer: Hugot D S-Editor: Wang JL).

The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables (e.g., +, −, ×, †, *) correctly correspond to the definitions in the footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: **Figure 1** Pathological changes in atrophic gastritis tissue before and after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...

Split pictures include flow charts, line graphs, histograms, and graphs including text. Unsplit pictures include meta-analysis.
The author(s) highlighted the changes made to the manuscript according to the peer-reviewers’ comments. [Y]

The responses to the peer-reviewers’ comments are consistent with the changes made to the manuscript. [Y]

The revised manuscript is provided (file name: Manuscript No.-Review; e.g., 870-Review).
The letter of peer-reviewers’ comments is provided (file name: Manuscript No.-Peer-review(s); e.g., 870-Peer-review(s)).
The response letter is provided (file name: Manuscript No.-Answering reviewers; e.g., 870-Answering reviewers). [Y]

The related ethics and relevant documents are provided, such as (1) Approved grant application form(s) or funding agency copy of any approval document(s) (file name: Manuscript No.-Grant application form(s)); (2) Biostatistics review certificate (file name: Manuscript No.-Biostatistics statement); (3) Conflict-of-interest statement (file name: Manuscript No.-Conflict-of-interest statement); (4) Clinical trial registration statement (file name: Manuscript No.-Clinical trial registration statement); (5) Institutional review board approval form or document (file name: Manuscript No.-Institutional review board statement); (6) Institutional animal care and use committee approval form or document (file name: Manuscript No.-Institutional animal care and use committee statement), and (7) Signed informed consent form(s) or document(s) (file name: Manuscript No.-Informed consent statement). [Y]

All authors signed the BPG Copyright license agreement form (file name: Manuscript No.-Copyright license agreement; e.g., 870-Copyright license agreement). [Y]

The language certificate provided by authors who are non-native speakers of English meets the BPG requirements (file name: Manuscript No.-Language certificate). [Y]
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<td><strong>36</strong></td>
<td>This document (Checklist of Responsibilities for Scientific Editors) has been saved under the file name: manuscript No.-Scientific editor work list (e.g., 870-Scientific editor work list).</td>
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<td><strong>37</strong></td>
<td>A CrossCheck investigation (an effective tool for detecting unoriginal content, enabling our editors to preserve the journal’s integrity and the authors' copyright) has been performed for the manuscript via the website: <a href="http://www.ithenticate.com/">http://www.ithenticate.com/</a>. The results document contains the following information for the manuscript: “Name of journal”, “Manuscript No.”, “Columns”, “Title” and “Author list”. The Figure of the CrossCheck results is saved in JPEG format (.jpg) at 1440 × 680 pixel resolution. The PDF of the CrossCheck results has been saved under the file name: manuscript No.- CrossCheck report (e.g., 870-CrossCheck report). The Google searches have also been performed to further ensure publication of original content.</td>
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<td>The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.</td>
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### Responsibilities of scientific editors

The primary responsibilities of our scientific editors include carefully checking the entire manuscript and all accompanying materials for: (1) errors in spelling, grammar, punctuation and wording; (2) suitability of tables, figures, figure data and legends; (3) accurate and appropriate presentation of symbols (e.g. +, -, ×, ÷, %, *) in tables and figures; and (4) complete and comprehensive revision of the manuscript according to the reviewers' comments.
| Publication process | Manuscript reception and registration → Initial review by scientific editor → Peer review → End of peer review → First round of meeting evaluation → To be accepted → Revision by the author(s) → Second round of meeting evaluation → To be accepted/revised/rejected → Final review by the Editor-in-Chief (final quality control for academic content and language quality) → Final acceptance and charging of publication fee → Language editing → Production → Proofreading by scientific editor → Proofreading by deputy editor → Final review by Editor-in-Chief → Release of online open-access papers in electronic form on the BPG website → Release of online papers on PubMed Central → Delivery of high-quality PDF reprints to the author(s) → End of the publication process. |