



**SDI Review Form 1.6**

Journal Name:	<a href="#">International STD Research &amp; Reviews</a>
Manuscript Number:	2014_I-SRR_14352
Title of the Manuscript:	Chlamydial Proctitis in patients with Chlamydial Cervicitis
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p>I have some observations and I hope to contribute to the improvement of this report.</p> <p>In the abstract:</p> <p>Line 10: It's not clear which patients were submitted to a colonoscopy, and you checked for retal lesions those with positive rectal mucosal TMA.</p> <p>Line 11: How many days after treatment did you take a new sample or colonoscopy??</p> <p>In body text:</p> <p>Introduction: I expected more comments about symptomatology of proctitis and another causes either. I think you could have written about clinical characteristics of the disease and the frequency because you had asked to the patients.</p> <p>In the body text, lines 47, 48 and 49, seems to be the aim of the search. But it is different from what is written in lines 6, 7 and 8 in the abstract. It's necessary to clear this up.</p> <p>The sentence in lines 66-67 needs to be revised, because the statistical analysis is for the dates not the patients.</p> <p>Finally, I didn't see the conclusions at the end of the discussion, and I don't agree with the way that is written in the abstract (lines 18-21). In there, the first sentence is a result not a conclusion (what should be), and the other is not in accordance with what you had written previously in the aim of the search (lines 6-8).</p>	<p><b>Line 10 and 64-65: If the patient agreed, colonoscopy was also conducted.</b></p> <p>Line 11-13: <b>Three weeks after treatment</b>, additional samples from the cervix and rectal mucosa were subjected to TMA, and follow-up colonoscopy was performed..</p> <p>Line 46-47: we inserted a sentence "<b>The symptoms are melena, abdominal pain, diarrhea, or mucous/bloody stool, therefore,</b>".</p> <p>Line 48-52: the last sentence of Introduction was revised "The present study was undertaken to investigate the <b>status of chlamydial proctitis, detected using a transcription-mediated amplification (TMA) method, in samples collected from the rectal mucosa of patients with chlamydial cervicitis, and we discussed the possible causes, clinical symptoms, colonoscopic findings, and TMA results after treatment of rectal infection.</b>".</p> <p>Line 74-75: The sentence was revised "Statistical examinations of the outpatients and commercial sex workers (CSWs) were performed using <b>Mann-Whitney's U-test and chi-square test with Yates' correction.</b>".</p> <p>Conclusion in Abstract was revised "Conclusion: <b>The clearance rate of chlamydial infection of the rectal mucosa was not 100% and the cervical samples became negative in all cases following treatment in this study. Further studies may be needed to determine the optimal indicator for evaluating patient treatment responses and to reliably clear the infection with an alternate drug or dosing regimen.</b>", line 18-21, and Conclusion was created following Discussion in the manuscript body, "<b>Conclusion The clearance rate of chlamydial infection of the rectal mucosa was not 100% (eradication rate, 86.7%) and the cervical samples became negative in all cases following AZM treatment in this study. Further studies may be needed to determine the optimal indicator for evaluating patient treatment responses and to reliably clear the infection with an alternate drug or dosing regimen.</b>", line 191-195.</p>



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<b><u>Minor</u></b> REVISION comments	If there any ethical issue, please clarify.	This study was approved by the Kyoto Prefectural University of Medicine medical ethics screening committee (ERB-C-27) as described in ETHICAL APPROVAL, line 200-202.
<b><u>Optional/General</u></b> comments	<p>I'd like to congratulate the authors because of the research. It's an interesting theme, very important for clinicians and gynaecologists. I liked the discussion and I think this research is consistent and good for reading. These are some suggestions that you should consider and discuss about referred changes.</p> <p>I suggest two papers to be included in the references:</p> <p>1- Dukers-Muijers NHTM, Speksnijder AGCL, Morre« SA, Wolffs PFG, van der Sande MAB, et al. (2013) Detection of Anorectal and Cervicovaginal Chlamydia Trachomatis Infections following Azithromycin Treatment: Prospective Cohort Study with Multiple Time-Sequential Measures of rRNA, DNA, Quantitative Load and Symptoms. PLoS ONE 8(11): e81236. doi:10.1371/journal.pone.0081236</p> <p>2- Dukers-Muijers NHTM, Morre« SA, Speksnijder A, van der Sande MAB, Hoebe CIPA (2012) Chlamydia trachomatis Test-of-Cure Cannot Be Based on a Single Highly Sensitive Laboratory Test Taken at Least 3 Weeks after Treatment. PLoS ONE 7(3): e34108. doi:10.1371/journal.pone.0034108</p> <p>I think these recent articles would be useful for the discussion and conclusions.</p>	<p>We included these 2 articles in References, line 241-249, and inserted a sentence "It has been verified that a single test at 3-8 weeks following single-dose AZM treatment for anorectal and cervicovaginal <i>C. trachomatis</i> infections frequently misses its detection [14] and that test-of-cure cannot be based on a single highly sensitive laboratory test taken at least 3 weeks after treatment [15].", line 178-181.</p>