Reviewer's report

Title: Limited utilization of serologic testing in patients undergoing duodenal biopsy for celiac disease

Version: 3 Date: 27 August 2013

Reviewer: Peter Green

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In its current form the paper adds little to neither the celiac disease literature nor the endoscopy literature. While the authors have answered the reviewers comments in their responses they have hardly addresses them at all in the manuscript, instead stating that some of the requests were not part of their research plan.

INTRODUCTION

Determination of HLA status is rarely used in the diagnosis of celiac disease. It is used to exclude the disease if negative.

The authors have not addressed the fact that most people are having an endoscopy for GERD related issues and an EGD presents an opportunity to exclude celiac disease. Many patients with CD have had previous EGD without biopsy of the duodenum, or with inadequate number of pieces. This is a missed opportunity to diagnose celiac disease. This was recently addressed by Lebwohl et al DDS, 2013.

Methods. It should be specifically stated that biopsies were not classified in a grading system such as given a Marsh score, neither was the number of biopsy pieces recorded. The latter is standard for all pathology reports from academic or private pathology labs. One cannot interpret the validity of a pathology report of a duodenal biopsy unless one is aware that the prerequisite 4 to 6 pieces are taken as in the AGA guidelines. In addition numerous studies support biopsying the bulb. The authors have dismissed comments by the reviewers concerning these facts.

Because none of the original biopsies were reviewed we need to know more about the pathologists performing the original reports. Such information as number of pathologists, their years of experience and if there was an equal distribution of reports among them.

We need more information on the 2% with positive serological testing and non-celiac biopsy. What was the pathology for this group, and what antibodies were positive? In addition was the patient with collagenous sprue on olmesarten? Were other patients taking olmesarten?

As requested by reviewer one you need to determine the performance characteristics of each antibody test used in your study. Providing references is
inadequate.

I disagree with the authors that they can claim that biopsies of the duodenum are part of a “multi site survey” if two or three sites are biopsied. Patients with GERD may have celiac disease as the cause of GERD for reflux improves after diagnosis of celiac disease and commencement of the GF diet (there are ample references available for that). Patients who at pathological examination have lymphocytic duodenitis (their PVA-IEL) may infact have celiac disease (~20%), or more commonly have H pylori gastritis and so whenever duodenal biopsies are taken one needs to have sampling of the gastric mucosa. It is exceptionally rare for endoscopists to merely biopsy the duodenum without sampling the stomach for the reason given above.

The authors need to document the indication for the endoscopy in the patients with negative diopsies. It is important to know how many of the patients were having the procedure to evaluate diarrhea or anemia, both indications for duodenal biopsy irrespective of the status of the celiac serology results.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

no competing interests