

1a. GLUTEN ATAXIA: "*Idiopathic sporadic ataxia and positive serum antigliadin antibodies even in the absence of an enteropathy on duodenal biopsy*".
 AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	In general, I agree with the definition. My concern is related to the necessity of evidences of clinical improvement with a GFD or presence of gluten-related autoimmunity (TTG6 antibodies or other features).
06/02/2011	5187394	agree
06/02/2011	5187902	partially agree: should there be some criteria for stabilization or improvement on a GFD. Lots of people have anti gliadin serologies, is that really enough?
06/02/2011	5188116	Agree
06/03/2011	5190026	Agree
06/03/2011	5191909	
06/04/2011	5192888	not agree. In general gluten ataxia is associated to positive TTG6 and, therefore positive serum antigliadin antibodies is reductive

06/06/2011	5194764	Agree
06/06/2011	5196265	I agree
06/06/2011	5196255	agree Bushara KO.Neurologic presentation of celiac disease.Gastroenterology. 2005 Apr;128(4 Suppl 1):S92-7.PMID: 15825133
06/06/2011	5196667	agree however the defintion does not imply that the gluten is casuative to the ataxia it could be that the cerebellar immune response may cause false postiive AGA Serology of celiac disease in gluten-sensitive ataxia or neuropathy: role of deamidated gliadin antibody. Journal of Neuroimmunology. 2011 Jan; 230(1-2): 130-4 PMID 21056914
06/07/2011	5197653	agree body of literature from Hadjivassiliou and now others supporting this
06/07/2011	5197740	agree, we have to wait and see if anti-TG6 proves to be a more specofoc marker
06/07/2011	5198378	Agree. This is the way it has been defined. I am not sure if this is biologically correct. My feeling is that gluten ataxia without pos IgA-TTG and/or biopsy findings is something else that overt CD with ataxia.
06/19/2011	5244454	Agree

1b. GLUTEN ATAXIA: If you disagree with the definition above, please a) suggest an alternative definition; b) please list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	Idiopathic sporadic ataxia secondary to an immune-mediated response to gliadin and positive TTG6 and seruma antigliadin antibodies
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

2a. ASYMPTOMATIC CD: "a gluten-induced enteropathy not accompanied by symptoms even in response to direct questioning. These patients are diagnosed by screening in subjects apparently healthy, in population enrolled in screening programs or in case-finding strategies for detecting CD among patients with disorders having high-risk for CD. Many

of these asymptomatic/silent cases are affected by a low-grade intensity illness or decreased quality of life. Often minor symptoms (eg, fatigue) are only realized after introduction of a gluten free diet." AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I completely agree by obvious reasons
06/02/2011	5187394	agree but please add a sentence that clarify the screening tests are atTG and EMA are always (quite always) positive in absence of IgA deficiency. in Italy someone screens with HLA and generates confusion
06/02/2011	5187902	agree
06/02/2011	5188116	Not agree: Awkward syntax and unnecessarily long and cumbersome: "a gluten-induced enteropathy not accompanied by symptoms [delete as not necessary: "even in response to direct questioning"]. These individuals [not patients as symptomless] are diagnosed by screening [delete the remainder as being a discussion/commentary that is not needed within the definition: "in subjects apparently healthy, in population enrolled in screening programs or in case-finding strategies for detecting CD among patients with disorders having high-risk for CD. Many of these asymptomatic/silent cases are affected by a low-grade intensity illness or decreased quality of life. Often minor symptoms (eg, fatigue) are only realized after introduction of a gluten free diet."]
06/03/2011	5190026	I agree 90%
06/03/2011	5191909	
06/04/2011	5192888	agree
06/06/2011	5194764	agree
06/06/2011	5196265	I agree. It is a synonym of silent celiac disease
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	not agree surely anyone with minor symptoms cannot be labelled as asymptomatic? silent or asymptomatic may be interchangeable but they to my mind represent those individuals who really have nothing wrong with them from the patients perspective. They may come from screening but often screening individuals then describe subtle symptoms
06/07/2011	5197740	agree
06/07/2011	5198378	Agree. But many of the patients that are found by screening can have active disease (unrecognized CD).
06/19/2011	5244454	Agree

2b. ASYMPTOMATIC CD: If you disagree with the definition above, please a) suggest an alternative definition; b) please list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	"a gluten-induced enteropathy not accompanied by symptoms and detected by screening"
06/03/2011	5190026	I would not include in this group patients found to be affected by CD because of associated pathological conditions (i.e. IDDM, thyroid diseases, etc etc). In my opinion these patients should be considered to be affected by subclinical CD
06/03/2011	5191909	
06/04/2011	5192888	

06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	see above happy to use term to describe that group but then like to call the other coeliac typical and atypical. typical any GI symptoms or anaemia atypical - the rest of the symptoms no matter how subtle
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

3a. SUBCLINICAL CD: "Celiac disease that stays below the surface of clinical detection and, therefore, might have no recognizable clinical findings."

AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree this is different to 2a, or the same would not include this as a definition because it is redundant
06/01/2011	5184342	I agree
06/02/2011	5187394	in the presence of positive serology and histology
06/02/2011	5187902	how is this different from asymptomatic as defined above?
06/02/2011	5188116	Agree but does this differ in any way from asymptomatic CD? If yes the difference is not within the definitions. If they are the same then they can be combined for simplicity into the same definition.
06/03/2011	5190026	I do not agree
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	agree
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	what is the difference from asymptomatic CD?
06/07/2011	5198378	Agree with the text, but I do not use the term. The present level of clinical finding may change in any individual.
06/19/2011	5244454	Agree

3b. SUBCLINICAL CD: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	see above
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	

06/03/2011	5190026	The definition is too vague. I would include in this definition patients found to be affected by CD because of symptoms suggestive of selective malabsorption (for example iron deficiency anaemia, osteoporosis, etc etc) or associated conditions (IDDM, etc etc)
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

4a. CLASSICAL=TYPICAL CD: "a gluten-induced enteropathy presenting with diarrhea, malnutrition or a malabsorption syndrome (indicated by weight loss, steatorrhea and edema secondary to hypoalbuminemia)". AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	mostly agree, what about someone with just abdominal pain and fatigue with or without anemia. thats pretty classic for celiac but wouldnt be captured in above
06/02/2011	5188116	
06/03/2011	5190026	I agree 90%
06/03/2011	5191909	
06/04/2011	5192888	disagree. GI symptoms, even if frequent, cannot be considered typical anymore. The vast majority of CD sufferers, particularly adults, have "atypical" manifestations, like anemia, fatigue, abdominal pain, etc. in complete absence of malabsorption symptoms
06/06/2011	5194764	agree, but sumtoms may be subtle; onlu loose stools, flatulence problems ande.g isolated sideropenic anemia. If this is a strict definition, we do not have many typical celiac patients in Finland at all.
06/06/2011	5196265	I agree
06/06/2011	5196255	agree but would lose the statement in brackest as too restrictive and define histology count of IELs as <25 Gastroenterology. 2010 Jul;139(1):112-9. Epub 2010 Apr 13. Detection of celiac disease and lymphocytic enteropathy by parallel serology and histopathology in a population-based study. Walker MM, Murray JA, Ronkainen J, Aro P, Storskrubb T, D'Amato M, Lahr B, Talley NJ, Agreus L. PMID: 20398668
06/06/2011	5196667	agree
06/07/2011	5197653	
06/07/2011	5197740	agree
06/07/2011	5198378	Agree, but also this term is of limited value as it is more rarely seen these days.
06/19/2011	5244454	Agree

4b. CLASSICAL=TYPICAL CD: If you disagree with

the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	"a gluten-induced enteropathy presenting with signs and symptoms of marked malabsorption such as diarrhea, steatorrhea, abdominal bloating, nutritional deficiencies, weight loss and edema secondary to hypoalbuminemia."
06/03/2011	5190026	I would write "a gluten-induced enteropathy presenting with diarrhea, malnutrition or a GLOBAL malabsorption syndrome (indicated by weight loss, steatorrhea OR edema secondary to hypoalbuminemia)."
06/03/2011	5191909	
06/04/2011	5192888	to be abandoned. The classification should be: 1. Symptomatic; 2. Asymptomatic; 3. Silent
06/06/2011	5194764	Abdominal symptoms or signs of malabsorption may be subtle.
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	see answer 2b
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

4c. CLASSICAL=TYPICAL CD: PEDIATRIC SETTING.
"in addition to the features listed in "4a" findings such as: failure to thrive, muscle wasting, poor appetite, change of mood and abdominal distension suggest a classical CD". AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	agree
06/02/2011	5188116	
06/03/2011	5190026	Agree
06/03/2011	5191909	
06/04/2011	5192888	same as above
06/06/2011	5194764	same comments as in adults above
06/06/2011	5196265	I agree
06/06/2011	5196255	would also leave as 4a without additional features
06/06/2011	5196667	agree
06/07/2011	5197653	agree but not a peer doc so maybe talking rubbish!
06/07/2011	5197740	agree
06/07/2011	5198378	Agree.
06/19/2011	5244454	Agree

4d. CLASSICAL=TYPICAL CD: PEDIATRIC SETTING.
If you disagree with the added definition of "4c", please
a) suggest an alternative definition; b) list the
references that support your stance, and if possible
add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

5a. NON-CLASSICAL=ATYPICAL CD: *"a gluten-induced enteropathy clinically expressed by some of the following manifestations but without weight loss: Gastrointestinal symptoms: any GI symptom (abdominal pain, GE reflux symptoms, vomiting, constipation, IBS-like symptoms, distension, or bloating, borborigms, etc); Extraintestinal manifestations without GI symptoms: Metabolic: Thyroid dysfunction (hypo/hyper), cramps, tetany, paresthesiae, edema, etc. Neurologic findings: gluten ataxia, epilepsy, peripheral neuropathy, depression, etc. Reproductive (infertility, menstrual abnormalities, recurrent abortion, early menopause, amenorrhea), Oral/cutaneous: DH, alopecia, aphthae, dental enamel defects, psoriasis, glossitis), Skeletal: bone pain, rickets. Mono- or oligo-symptomatic clinical course (any of the former symptoms), patients that may also have significant nutritional deficiencies findings such as iron deficiency, recurrent abdominal pain, and mood changes."* AGREE/NOT AGREE? Please motivate

(explanatory motives/texts are welcome!).

06/01/2011	5184241	disagree
06/01/2011	5184342	I agree
06/02/2011	5187394	I have doubts about including gastrointestinal symptoms without weight loss.
06/02/2011	5187902	mostly agree: similar to 4a, would someone with IBS type symptoms and iron deficiency really be considered non-classical/atypical
06/02/2011	5188116	Disagree - the definition is too long and cumbersome
06/03/2011	5190026	This is what I mean with "subclinical CD".
06/03/2011	5191909	
06/04/2011	5192888	disagree. see my comments above
06/06/2011	5194764	disagree; Wide range of abdominal symptoms as mentioned here are typical presentations of celiac disease. Atypical is not a good word as majority of celiacs nowadays present with these kind of symptoms. Tetany is a rare presentation related in severe hypocalcemia due to malabsorption...my opinion. Thyroid dysfunction is is a symptom or risk group of CD. Psoriasis is not so clear thing.
06/06/2011	5196265	I agree but I think that gluten ataxia should not be include among the symptoms
06/06/2011	5196255	agree, but also see NICE guidelines http://guidance.nice.org.uk/CG86
06/06/2011	5196667	agree
06/07/2011	5197653	yes agree
06/07/2011	5197740	I would take epilepsy out
06/07/2011	5198378	Not agree, this mode of presentation is "Typical CD" these days.
06/19/2011	5244454	Agree

5b. NON-CLASSICAL=ATYPICAL CD: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	weight loss in the absence of a malabsorption syndrome is atypical
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	"a gluten-induced enteropathy presenting without signs and symptoms of severe malabsorption. Presenting features may include mild gastrointestinal signs or symptoms or extra-intestinal manifestations of celiac disease
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	I would talk classical=typical with abdominal symptoms and signs of malabsorption (what ever); atypical=extraintestinal
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	agree
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	Veru unclear if infertility is a sign of CD

6a. CELIAC CRISIS: "Acute onset or rapid progression of gastrointestinal symptoms attributable to celiac

disease requiring hospitalization and/or parenteral nutrition along with at least 2 of the following: a) Signs of severe dehydration including hemodynamic instability and/or orthostatic changes, b) Neurologic dysfunction, c) Renal dysfunction, creatinine level, >2.0 g/dL, d) Metabolic acidosis, pH <7.35, e) Hypoproteinemia (albumin level, <3.0 g/dL), f) Abnormal electrolyte levels including hypernatremia/hyponatremia, hypocalcemia, hypokalemia, or hypomagnesemia, g) Weight loss <10 lb". AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	agree
06/02/2011	5188116	Agree apart from typo of weight loss GREATER THAN 10 pounds.
06/03/2011	5190026	Agree (but does this really happen?). How much is 10lb in kg?
06/03/2011	5191909	
06/04/2011	5192888	agree
06/06/2011	5194764	WE have no such cases nowadays.
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	agree
06/07/2011	5198378	Agree.
06/19/2011	5244454	Agree

6b. CELIAC CRISIS: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	

06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

7a. REFRACTORY CELIAC DISEASE: "*persistent or recurrent malabsorptive symptoms and signs (for examples diarrhea, abdominal pain, involuntary loss of weight, low hemoglobin, hypoalbuminia) associated with persistent or recurrent villous atrophy with crypt hyperplasia and increased intraepithelial lymphocytes (IEL) in spite of a strict gluten free diet for more than 12 months (or severe persistent symptoms independently of the duration of GFD) in the absence of other causes of villous atrophy or malignant complication (18) and after the confirmation of the initial diagnosis of celiac disease.*" AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I partially agree with the definition. My concern is related with the rule of: "for more than 12 month", because there is a proportion of cases having a refractory and severe outcome from the time of diagnosis of CD ("primarily refractory).
06/02/2011	5187394	cite the serology status? I personally do not think that antibodies should be present in RCD, but I know that others say they might
06/02/2011	5187902	agree
06/02/2011	5188116	Agree but shorten
06/03/2011	5190026	Agree but I would focus on the persistence of villous atrophy rather than symptoms (see below)
06/03/2011	5191909	
06/04/2011	5192888	agree
06/06/2011	5194764	In adults mycosa does not heal always withind 12 weeks, takes sometimes more time. What are those asymptomatic with persitent villous atrophy,Aliment Pharmacol Ther. 2007 May 15;25(10):1237-45.
06/06/2011	5196265	I agree
06/06/2011	5196255	define increased IEL counts i.e. >25
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	agree
06/07/2011	5198378	Agree.
06/19/2011	5244454	Agree

7b. REFRACTORY CELIAC DISEASE: If you disagree with the definition above, please a) suggest an

alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	Suggest shortening to: "persistent or recurrent malabsorptive symptoms and signs associated with persistent or recurrent villous atrophy with crypt hyperplasia and increased intraepithelial lymphocytes in spite of a strict gluten free diet for more than 12 months (or severe persistent symptoms independently of the duration of GFD) in the absence of other causes of villous atrophy or malignant complication (18) and after the confirmation of the initial diagnosis of celiac disease."
06/03/2011	5190026	persistent or recurrent villous atrophy with crypt hyperplasia and increased intraepithelial lymphocytes (IEL) associated with persistent or recurrent malabsorptive symptoms and signs (for examples diarrhea, abdominal pain, involuntary loss of weight, low hemoglobin, hypoalbuminemia) in spite of a strict gluten free diet for more than 12 months (or severe persistent symptoms independently of the duration of GFD) in the absence of other causes of villous atrophy or malignant complication (18) and after the confirmation of the initial diagnosis of celiac disease
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	reference 18 should be removed from the definition

8a. SILENT CELIAC DISEASE: "A) positive serology (EMA, tTG) and the presence of a gluten-sensitive enteropathy not accompanied by any symptoms and identified through testing because of a family history of celiac disease or celiac disease-associated condition, or population screening; or B) individual with CD identified through population-screening." AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	How is this different from asymptomatic or subclinical above? Should these be combined into one inclusive definition? If not, they should be clearly differentiated. Further, what about someone with anemia or osteoporosis, they may be asymptomatic but are they considered truly silent?
06/02/2011	5188116	Agree but would shorten
06/03/2011	5190026	Not agree
06/03/2011	5191909	
06/04/2011	5192888	agree (possibly, this can be defined as asymptomatic)-
06/06/2011	5194764	Why use silent- asymptomatic was already above.

06/06/2011	5196265	The sentence B) is included in sentence A), should be removed.
06/06/2011	5196255	define histology of this as increased IELs (<25/ 100 enterocytes) PMID: 20398668
06/06/2011	5196667	a agree
06/07/2011	5197653	agree
06/07/2011	5197740	this is the same as asymptomatic
06/07/2011	5198378	Agree with A but not with B.
06/19/2011	5244454	Agree

8b. SILENT CELIAC DISEASE: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	Would simplify and shorten to: "Positive serology (EMA, tTG) and the presence of a gluten-sensitive enteropathy not accompanied by any other signs or symptoms of celiac disease"
06/03/2011	5190026	I do not understand the difference with "asymptomatic CD". Anyway I would write "individual with CD not accompanied by any symptoms and identified through testing because of a family history of celiac disease or population screening"
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	Celiac disease found by population screening can also be clinically significant.
06/19/2011	5244454	

9a. GLUTEN (THE SUBSTANCE): *"complex of proteins (prolamins and glutenins) of cereals. The component proteins of wheat gluten are the gliadins and glutenin subunits."* AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	disagree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	agree
06/02/2011	5188116	I have a question. Are we putting forward a biochemical definition or are we alluding to those cereal proteins that are toxic in CD? I'm not sure that the current definition does either well.
06/03/2011	5190026	Not agree. What about water soluble albumins? We cannot forget about them.
06/03/2011	5191909	
06/04/2011	5192888	agree

06/06/2011	5194764	Wheat rye barley should be mentioned
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	agree
06/07/2011	5198378	Agree.
06/19/2011	5244454	Agree

9b. GLUTEN (SUBSTANCE): If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	the protein component of wheat, rye and barley
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	
06/03/2011	5190026	The complex of non-water soluble proteins (prolamins and glutenins) of some cereals toxic to CD patients (wheat, rye, barley)
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

10a. OVERT=SYMPTOMATIC CELIAC DISEASE:
"celiac disease characterized by clinically evident gluten-related symptoms, either gastrointestinal (dyspepsia, diarrhea, bloating) or extraintestinal (neurological symptoms, fatigue). According to this definition symptomatic and overt celiac disease should be considered synonyms." AGREE/NOT AGREE?
 Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	agree
06/02/2011	5188116	

06/03/2011	5190026	I agree but it is the same of clasical=atypical
06/03/2011	5191909	
06/04/2011	5192888	is this necessary?
06/06/2011	5194764	agree
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	agree
06/07/2011	5198378	Agree.
06/19/2011	5244454	Agree

10b. OVERT=SYMPTOMATIC CELIAC DISEASE: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	would not include all the different definitions for the same entity
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	I would shorten to: "celiac disease characterized by clinically evident gluten-related symptoms, either gastrointestinal or extraintestinal."
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

11a. POTENTIAL CELIAC DISEASE: *"Patients in whom celiac disease is possible but not provable as the patient is already on a gluten-free diet. E.g. someone who had a history of GI symptoms and one or more of the following: family history of celiac disease, personal history of associated autoimmune disorder, positive HLA DQ2/DQ8, but is currently on a long term GFD with negative serology and/or biopsy."*
AGREE/NOT AGREE? Please motivate (explanatory

motives/texts are welcome!).

06/01/2011	5184241	disagree
06/01/2011	5184342	I agree with the definition but I suggest that the term "potential CD" should be abandoned
06/02/2011	5187394	agree
06/02/2011	5187902	agree
06/02/2011	5188116	
06/03/2011	5190026	DO NOT AGREE AT ALL
06/03/2011	5191909	
06/04/2011	5192888	disagree. This will generate great confusion since under this definition we will have a huge mix bag of cases, the vast majority probably not related to CD.
06/06/2011	5194764	not agree. Potential CD is often regarded as EMA/TTG2ab positive subjects (with celiac-type HLA) who still have normal small bowel mucosal villous architecture. These cases may have already gluten-sensitive symptoms. Also early stage celiac disease is used in this context or minorenteropathy CD.
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	what about patients who have a normal biopsy initially (on normal diet) followed by an abnormal one at a later date
06/07/2011	5198378	Not agree. The clinical settings described above fits in very few cases with actual celiac disease.
06/19/2011	5244454	Agree

11b. POTENTIAL CELIAC DISEASE: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	I like marsh's definition. someone who has had or will have CD but has a normal biopsy while eating gluten
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	I would shorten to: Patients in whom celiac disease is possible but not provable as the patient is already on a gluten-free diet.
06/03/2011	5190026	According to Ann Ferguson who defined the condition (Gut 1993 Feb;34:150-1 PMID: 8432463), potential CD is a condition characterised by positive endomysial antibodies (please, note that positive transglutaminase antibodies with negative EMA are not enough) but an architecturally normal duodenal mucosa (so an increased IEL count is neither necessary or sufficient to make the diagnosis)
06/03/2011	5191909	
06/04/2011	5192888	cases in which the autoimmune serology (TTG and EMA) is positive, but the enteropathy is not present
06/06/2011	5194764	some publications on this; Clin Gastroenterol Hepatol. 2011 Apr;9(4):320-5; J Clin Gastroenterol. 2010 Nov 8. [Epub ahead of print] PMID: 21063208; J Pediatr. 2010 Sep;157(3):373-80, 380.e1; Gastroenterology. 2009 Mar;136(3):816-23.
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	

06/07/2011	5198378	See Brottveit et al Am J Gastroenterol 2011 PMID:21364548
06/19/2011	5244454	Is it enough to state that a patient has potential celiac disease just because he/she eats GFD and has an autoimmune disorder?

12a. GLUTEN SENSITIVITY: This term should be ABANDONED. Instead the term "NON-CELIAC GLUTEN SENSITIVITY" should be used. AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I fully agree
06/02/2011	5187394	agree
06/02/2011	5187902	disagree
06/02/2011	5188116	Agree Non-celiac gluten intolerance may be worth adding as a synonomous term
06/03/2011	5190026	Do not agree
06/03/2011	5191909	
06/04/2011	5192888	disagree. CD is not a gluten sensitivity since there is clear evidence that is an autoimmune reaction to gluten exposure. Therefore, non-celiac gluten sensitivity is not necessary
06/06/2011	5194764	agree
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	not agree. I think the term potential celiac and gluten sensitivity maybe interchangeable 25 Ball AJ, Hadjivassiliou M, Sanders DS. Is gluten sensitivity a 'no man's land' or a 'fertile crescent' for research? Am J Gastroenterol 2010;105:222-3. 27 Wahnschaffe U, Ullrich R, Riecken EO, Schulzke JD. Celiac disease like abnormalities in a sub-group of patients with irritable bowel syndrome. Gastroenterology 2001;121:1329-38 28 Wahnschaffe U, Schulzke JD, Zeitz M, Ullrich R. Predictors of clinical response in patients diagnosed with diarrhea-dominant irritable bowel syndrome. Clin Gastroenterol Hepatol 2007;5:844-50 also refs historically by Troncone and Ferguson
06/07/2011	5197740	the only problem is under which category to include those patients with Marsh 0 biopsies ie no enteropathy but autoimmune disease with the correct serology
06/07/2011	5198378	Not agree.
06/19/2011	5244454	Agree

12b. GLUTEN SENSITIVITY: If you disagree with abandoning "gluten sensitivity", please a) argue why this term should be used; b) and list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	

06/02/2011	5187902	I actually think we might want to swich this to non-celiac gluten intolerance and the current gluten intolerance definition to just gluten sensitivity. this is how it was used in the recent paper: Gluten Causes Gastrointestinal Symptoms in Subjects Without Celiac Disease: A Double-Blind Randomized Placebo-Controlled Trial Jessica R. Biesiekierski , et al. Am J Gastroenterol advance online publication, 11 January 2011; doi: 10.1038/ajg.2010.487
06/02/2011	5188116	
06/03/2011	5190026	Both "gluten sensitivity" and "non coeliac gluten sensitivity" should be completaly abandoned. Nobody eats gluten, we eat pizza, bread, pasta, etc etc. So, it cannot be proven that gluten is the noxiuos agent involved in the so called "gluten sensitivity". Could not it be another protein, or carbohydrate?
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	see 12a
06/07/2011	5197740	
06/07/2011	5198378	Gluten sensitivity is a good term for the clinical setting. It should be used in the litterature after a short definition and statement that it is synonymous with non-celiac gluten intolerance.
06/19/2011	5244454	

13a. GENETICALLY AT RISK OF CELIAC DISEASE. "Family members of CD patients that test positive for HLA DQ2 and/or DQ8.". AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	disagree
06/01/2011	5184342	I agree
06/02/2011	5187394	agree
06/02/2011	5187902	agree
06/02/2011	5188116	Disagree - a positive family history is not necessary for CD to develop
06/03/2011	5190026	Do not agree
06/03/2011	5191909	
06/04/2011	5192888	agree
06/06/2011	5194764	Partly agreee; it does not havy to be family member.
06/06/2011	5196265	
06/06/2011	5196255	agree
06/06/2011	5196667	disagree
06/07/2011	5197653	agree
06/07/2011	5197740	agree
06/07/2011	5198378	Not agree.
06/19/2011	5244454	Agree

13b. GENETICALLY AT RISK OF CELIAC DISEASE. If you disagree with the definition above, please a) suggest an alternative definition; b) list the references

that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	need not be a family member
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	Individuals that carry HLA DQ2 or DQ8
06/03/2011	5190026	In my opinion this term should not be used. It does not mean anything and it is vague. What about IDDM patients? They too are likely to be "genetically at risk of CD".
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	All population that test positive for HLA DQ2 and/or DQ8
06/06/2011	5196255	
06/06/2011	5196667	Anyone carrying HLA dq2 or dq8 not just family members It could be people with some changes in the gut not enough to call celiac disease HLA DQ gene dosage and risk and severity of celiac disease. Murray, JA. Moore, SB. Van Dyke, CT. Lahr, BD. Dierkhising, RA. Zinsmeister, AR. Melton, LJ 3rd. Kroning, CM. El-Yousseff, M. Czaja, AJ. Clinical Gastroenterology & Hepatology. 2007 Dec; 5(12): 1406-12 Vande Voort, JL. Murray, JA. Lahr, BD. Van Dyke, CT. Kroning, CM. Moore, SB. Wu, TT. Lymphocytic duodenosis and the spectrum of celiac disease. American Journal of Gastroenterology. 2009 Jan; 104(1): 142-8
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	There will be many other individuals in the society that also are at risk. Genetic profiling will tell us much more about this and provide a more stringent definition of at-risk individuals.
06/19/2011	5244454	

14a. CELIAC DISEASE: "Inflammation within the proximal small intestine that is precipitated by exposure to gluten and that is not an allergy or eosinophilic gastroenteritis. It is typified by pathologic changes that incorporate an adaptive T cell-mediated response to gluten and intraepithelial lymphocytosis. Positive celiac disease serology (tissue transglutaminase and endomysium antibodies) supports the diagnosis celiac disease." . AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I partially agree with the definition
06/02/2011	5187394	agree
06/02/2011	5187902	Agree, but should there also be mention of HLA type?

06/02/2011	5188116	Agree except that I would change "Inflammation within the proximal small intestine" to "small intestinal inflammation"
06/03/2011	5190026	Agree
06/03/2011	5191909	
06/04/2011	5192888	disagree
06/06/2011	5194764	not agree. CD is an autoimmune-mediated enteropathy triggered largely by the ingestion of a single dietary factor – wheat, rye and barley derived gluten in genetically susceptible persons; both T-cell mediated and humoral as well as innate immune responses are involved.
06/06/2011	5196265	I agree
06/06/2011	5196255	state increased IELs /100 enterocytes to be <25 Gastroenterology. 2010 Jul;139(1):112-9. Epub 2010 Apr 13. Detection of celiac disease and lymphocytic enteropathy by parallel serology and histopathology in a population-based study. Walker MM, Murray JA, Ronkainen J, Aro P, Storskrubb T, D'Amato M, Lahr B, Talley NJ, Agreus L. PMID: 20398668
06/06/2011	5196667	agree
06/07/2011	5197653	agree
06/07/2011	5197740	agree
06/07/2011	5198378	Agree. To me the enteropathy is still and should in the future be crucial for the definition.
06/19/2011	5244454	Agree

14b. CELIAC DISEASE: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	Positive celiac disease serology should include antibodies to deamidated gliadin peptides (a-DGP). Celiac disease serology in patients with different pretest probabilities: is biopsy avoidable? Among other studies: Sugai E, Moreno ML, Hwang HJ, Cabanne A, Crivelli A, Nachman F, Vázquez H, Niveloni S, Argonz J, Mazure R, La Motta G, Caniggia ME, Smecuol E, Chopita N, Gómez JC, Mauriño E, Bai JC. World J Gastroenterol. 2010 Jul 7;16(25):3144-52. PMID: 20593499
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	"Small intestinal inflammation that is precipitated by exposure to gluten and that is not an allergy or eosinophilic gastroenteritis. It is typified by pathologic changes that incorporate an adaptive T cell-mediated response to gluten and intraepithelial lymphocytosis. Positive celiac disease serology (tissue transglutaminase and endomysium antibodies) supports the diagnosis celiac disease."
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	Please explain why we should not define celiac disease as an autoimmune reaction to gluten
06/06/2011	5194764	see above 14a
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	

06/19/2011 [5244454](#)

15a. GLUTEN INTOLERANCE: *"all known or suspected consequences of gluten. This would include celiac disease, dermatitis herpetiformis, and give mention to the possibility that further disorders are not proven, such as gluten ataxia, gluten-sensitive neuropathy, and nonspecific symptoms including diarrhea, that might result from gluten ingestion but have not been proven to do so. Gluten intolerance is not a synonym of "celiac disease".*" AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	Not agree
06/02/2011	5187394	should gluten intolerance exclude non-celiac GS?
06/02/2011	5187902	See 12b above. would advocate this being gluten sensitivity and non-celiac gluten intolerance for 12.
06/02/2011	5188116	Disagree. This needs clarification or it will perpetuate the current confusion. Does the term include wheat gluten allergy? Does it include or exclude non-celiac gluten sensitivity or non-celiac gluten intolerance.
06/03/2011	5190026	I agree (I wrote it..) Anyway, I am really not sure that we need a term to indicate all known or suspected consequences of gluten. We could abandon it.
06/03/2011	5191909	
06/04/2011	5192888	agree
06/06/2011	5194764	not a synonyme to CD that I agree.
06/06/2011	5196265	I agree
06/06/2011	5196255	agree
06/06/2011	5196667	agree
06/07/2011	5197653	agree - hate the word confusing like saying lactose intolerant more like a lay term
06/07/2011	5197740	agree
06/07/2011	5198378	Agree. But I feel we should decide on either gluten sensitivity or gluten intolerance. I prefer gluten sensitivity.
06/19/2011	5244454	Agree

15b. GLUTEN INTOLERANCE: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	would include wheat / allergy
06/01/2011	5184342	I think that modern definition replacing to "gluten intolerance" is GLUTEN RELATED DISORDERS which includes "non celiac disease gluten sensitivity" "celiac disease" and "wheat allergy". Intolerance as referred before is a clinical definition making confusion with the immunological sence of the word intolerance. Furthermore, DH and gluten ataxia should be considered in the group of celiac disease.
06/02/2011	5187394	
06/02/2011	5187902	

06/02/2011	5188116	
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

16a. GLUTEN-SPECIFIC ANTIBODIES. No definitions has yet been suggested for this term. I urge everyone to suggest a definition.

06/01/2011	5184241	antigliadin and anti gliadin peptide antibodies
06/01/2011	5184342	these antibodies are conventional AGAs and modern DGPs. Different to tTG and EmA. I prefer the more general celiac disease-specific antibodies.
06/02/2011	5187394	
06/02/2011	5187902	Should this be celiac specific and celiac related antibodies rather than gluten?
06/02/2011	5188116	Antibodies that recognize epitopes specific to gluten proteins
06/03/2011	5190026	I would recomand to abandon this and similar terms (coeliac antibodies). They are handy but they do not show their totally different diagnostic accuracy. So, I would raccomend to use the name of the antibody (antigliadin, endomysial, etc etc)
06/03/2011	5191909	
06/04/2011	5192888	If you refer to TTG and EMA, I would define them as gluten-induced autoantibodies
06/06/2011	5194764	why not celiac-specific antibodies; antibodies aganst autoantigen transglutaminase 2.
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	disagree drop
06/07/2011	5197653	antibodies in response to the ingestion of gluten including TTG, EMA and gliadins
06/07/2011	5197740	
06/07/2011	5198378	Also this term is of minor use. The anti-DGP antibodies should be appropriately defined.
06/19/2011	5244454	

16a. GLUTEN-RELATED ANTIBODIES. No definitions has yet been suggested for this term. I urge everyone to suggest a definition.

06/01/2011	5184241	EMA, tTG IgA
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	The term is vague and should be dropped
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	If you refer to AGA, I would define them as such
06/06/2011	5194764	very vague word could be anything.

06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	drop also replace with celiac related antibodies (glaidins etc)
06/07/2011	5197653	am easy could use the same as 16a
06/07/2011	5197740	
06/07/2011	5198378	A definition is not really needed. The term is very rarely used.
06/19/2011	5244454	

17a. LATENT CELIAC DISEASE: "*Individual with positive celiac disease serology with a normal duodenal or jejunal biopsy*". AGREE/NOT AGREE? Please motivate (explanatory motives/texts are welcome!).

06/01/2011	5184241	agree
06/01/2011	5184342	I partially agree with the definition
06/02/2011	5187394	agree
06/02/2011	5187902	mostly agree but this should be limited to EMA, DGP or tTG. eg. NOT AGA only.
06/02/2011	5188116	Agree except that I would better define positive serology
06/03/2011	5190026	According to Ann Ferguson (Gut 1993 Feb;34:150-1 PMID: 8432463), this is potential CD. After you showed that a patient with potential CD has flattened, you can write that he/she WAS latent.
06/03/2011	5191909	
06/04/2011	5192888	disagree
06/06/2011	5194764	not agree; somebody has ahd to develop later villosua trophy and celiac disease; and retrospectively you know that the person had earlier latent CD. Also those cases how have had CD as childhood and remain in remission long (PMID: 17303598)Ann Ferguson had definitions for this long ago:linical and pathological spectrum of coeliac disease-- active, silent, latent, potential. Ferguson A, Arranz E, O'Mahony S. Gut. 1993 Feb;34(2):150-1
06/06/2011	5196265	I agree
06/06/2011	5196255	Should this not include +ve HLA typing also? J Pediatr Gastroenterol Nutr. 2011 Jun;52(6):729-733. HLA-DQ Genotyping Combined With Serological Markers for the Diagnosis of Celiac Disease: Is Intestinal Biopsy Still Mandatory? Clouzeau-Girard H, Rebouissoux L, Taupin JL, Le Bail B, Kalach N, Michaud L, Dabadie A, Olives JP, Blanco P, Morali A, Moreau JF, Lamireau T. PMID: 21593645
06/06/2011	5196667	disagree How about Increased IELS with negative serology? many pateints with celiac disease have negative serology so why not a latent? Vande Voort, JL. Murray, JA. Lahr, BD. Van Dyke, CT. Kroning, CM. Moore, SB. Wu, TT. Lymphocytic duodenosis and the spectrum of celiac disease. American Journal of Gastroenterology. 2009 Jan; 104(1): 142-8 PMID 19098862 also PMID: 18304884
06/07/2011	5197653	agree but also it is a transient phenomenon
06/07/2011	5197740	what about those patients with IGA deposits in the gut?
06/07/2011	5198378	Agree.
06/19/2011	5244454	Agree

17b. LATENT CELIAC DISEASE: If you disagree with the definition above, please a) suggest an alternative definition; b) list the references that support your stance, and if possible add their PMID-number.

06/01/2011	5184241	
06/01/2011	5184342	It should include the concept of autoimmune antibodies (tTG and EmA)
06/02/2011	5187394	
06/02/2011	5187902	
06/02/2011	5188116	"Individual with positive celiac disease serology (EMA, tTG or DGP) but with a normal duodenal or jejunal biopsy"
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	I would abandon this term and I would suggest to use only potential CD
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	
06/06/2011	5196667	see 17a
06/07/2011	5197653	
06/07/2011	5197740	
06/07/2011	5198378	
06/19/2011	5244454	

Free comments.

06/01/2011	5184241	
06/01/2011	5184342	
06/02/2011	5187394	
06/02/2011	5187902	will be interested to see the comments, thanks, Dan
06/02/2011	5188116	The definitions should be kept as short and simple as possible. Examples and lists of symptoms etc can be included in the commentary but excluded from the definitions.
06/03/2011	5190026	
06/03/2011	5191909	
06/04/2011	5192888	
06/06/2011	5194764	
06/06/2011	5196265	
06/06/2011	5196255	Thank you Jonas for a job well done! Marjorie
06/06/2011	5196667	
06/07/2011	5197653	
06/07/2011	5197740	plenty of discussion!
06/07/2011	5198378	
06/19/2011	5244454	