

February 4, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15400-review.doc).

Title: Tools for primary care management of Inflammatory Bowel Disease – do they exist

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated and revision has been made according to the suggestions of the editor

2 Revision has been made according to the suggestions of the reviewer

- (1) *Explain about the epidemiology of IBD related to worldwide. **Worldwide epidemiology outlined in discussion.***
- (2) *Give more informative information which help in concluding whole study. **This was acknowledged and the conclusion was adjusted.***
- (3) *Explain more correlation of Outpatient Inflammatory Bowel Disease management tools. **We apologise, but we do not really understand what the reviewer is asking here. The tools do not “correlate” with anything. The study was examining whether tools to help manage IBD in the outpatient setting exist, and the major finding is that they do not.***
- (4) *Give some more explanation about the following Investigate what non-specialist tools, action plans or guidelines for IBD are published in readily searchable medical literature. **This added in the introduction and methods section.***
- (5) *Abstract: 4th line. “Inflammatory Bowel Disease and then (IBD) should be added. **This sentence was adjusted.***
- (6) *In sentence “Few non-expert IBD management tools or guidelines exist compared with those used for other chronic diseases such as asthma...” it’s better to mention all the diseases (asthma, DM, CCF). **This sentence was adjusted.***
- (7) *Introduction: 2nd paragraph. To retain consistency, Inflammatory Bowel Disease (IBD) and not Inflammatory Bowel Diseases (IBDs) should be used. **This sentence was adjusted.***
- (8) *“Treatment guidelines for IBD, both UC and CD, are clearly outlined by the European Crohn’s and Colitis Organisation (ECCO) 4,...”. Reference 4 is about British Society of Gastroenterology (BSG) guidelines and not ECCO guidelines. BSG are closely related but are not the same with ECCO ones. **This reference was corrected.***
- (9) *Similar guidelines from USA(AGA), Italy, Canada, etc. can also be added to enrich the references. **Similar guidelines were added to references.***
- (10) *“The epidemiology of IBD is such that most primary care physicians only have 2-10 people currently affected by IBD in their caseload, and mostly likely due to this lack of experience, their IBD knowledge and comfort in management is known to be suboptimal5,...”. Reference 5 is an article from Australia and in my view no solid*

conclusions can be drawn based only on a single article. **This sentence was adjusted to avoid drawing solid conclusions.**

- (11) "2). Compare what resources are available for IBD...". The full names of the diseases could be mentioned. **Full names of diseases were added.**
- (12) Materials and Methods: it is highly advised to first provide the full reference of the word CCF. **This was adjusted in the introduction.**
- (13) Discussion: In order to strengthen the discussion the prevalent rates from the other chronic diseases should be mentioned. **Prevalence rates of other chronic diseases were referenced.**
- (14) Highlight and emphasize the probable consequences of suboptimal management of IBD in Primary Care. For instance, the risk of delayed recognition of acute severe colitis, inappropriate use of steroids ("fast" tapering-eg 20mg daily for less than a month- or prolonged use), overuse of aminosalicylates in poor responders, delayed intervention in a relapse etc. **This point was acknowledged and addressed in the discussion section.**
- (15) 3rd paragraph-correct the word "hospitalizations" 4th paragraph. To retain consistency, between 30% and up to 70% are under. **This sentence was adjusted.**
- (16) 5th paragraph. The last two sentences about UK studies are not referenced. **References were added.**
- (17) Paragraph: "Estimate of Indolent and mild IBD courses". To my knowledge aminosalicylates have no certain place to CD according to the evidence so far (not better than placebo). As a result aminosalicylates are appropriate treatment only for UC patients. **This was acknowledged and the paragraph was adjusted.**
- (18) Paragraph: "Primary Care physician's role in shared care of IBD patients" An appropriate addition to the paragraph and also to the table 4 is the prompt recognition of IBD relapse and/or acute severe colitis. **This was added to the paragraph and table.**
- (19) References: References no 6 and no 47 are the same. **References were adjusted.**
- (20) Since those including non-specialist tools, action plans or guidelines for IBD were set for topics of this review, the authors should give them a more comprehensive explanation. **An explanation of guidelines and action plans was given in the Methods section.**
- (21) On page 3, 2nd paragraph, under **Abstract**, sentence 1: 'The Inflammatory Bowel Diseases (IBD), ulcerative colitis (UC) and Crohn's disease (CD)' should be modified to "Inflammatory bowel disease (IBD) commonly refers to ulcerative colitis (UC) and Crohn's disease (CD)". **This sentence was adjusted.**

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Yours sincerely,



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