



### PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 59830

**Title:** PREVALENCE AND ASSOCIATED FACTORS OF OBESITY IN INFLAMMATORY BOWEL DISEASE: A CASE-CONTROL STUDY

**Reviewer's code:** 02457753

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Canada

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2020-09-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-09-30 17:18

**Reviewer performed review:** 2020-10-09 16:09

**Review time:** 8 Days and 22 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

The paper by Losurdo G et al. (ID03713791) is a cross sectional evaluation of 807 cases of IBD and 378 patients with functional gastrointestinal disorders followed in a hospital gastroenterology clinic. The purpose is to compare frequency and any clinical differences between Obese among IBD and Control groups. The main findings according to the authors, suggest mostly little differences clinically or frequency among IBD patients and Controls. Some differences relate to age of onset of obesity in IBD and Controls and more abdominal girth increase in IBD over controls. In addition there are some more co-morbidities noted in patients with obesity and IBD. Comments The study is of interest. As the authors point out there is a potential relationship between the pandemic of obesity and extension of IBD into previously low incidence regions of the world. Some of the literature reported findings are controversial. Some contrasting papers could be added to focus on controversies Overall, the paper needs some additional details and some discrepancies need to be clarified. Abstract: there are some facts need to be clarified in the result section; re more frequent co-morbidities in IBD obese, the figure 1 needs to reflect the statements here as well as in the “results” section (see below). Methods: It would be relevant to include a time frame for recruitment of study participants. No mention of endoscopic and imaging modalities of IBD diagnoses are given. In how many cases was IBD corroborated by endoscopy or Imagery (eg CT or MR enterography)? Since controls were made up of patients with Functional Gastrointestinal Disorders (eg unclear how many IBS-diarrhea, mixed or constipation patients were included). The use of clinical monitoring of IBD alone may symptomatically overlap with those of the control group. Please comment. Similarly a statement on how steatosis was diagnosed in the IBD and Control group (ie Abdominal Ultrasound, MRI or/and elastography) I think should be stated. Did all patients and controls undergo



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tests for steatosis? Results; The length of time patients with IBD had disease could be stated more emphatically. For instance the difference between the mean age at the time of study of about 46 and the age of onset of IBD was about 20 years. So are we to conclude that patients had their disease for about 26 years? Was there any difference in age of onset and duration between CD and UC patients? Last paragraph of Results: "Obese IBD patients suffered more frequently....." The results of statistical significance of frequency of co-morbidities in Obese IBD patients is not emphasized in Fig 1 e and f. Significance bars above the graphs should be included like Fig 1g. Also what do the authors think about these frequency differences in "younger Obese IBD" than in obese controls who are older? Perhaps a similar figure plot for steatosis in Figure 1; Obese IBD and Obese Controls could be included to emphasize the differences in co-morbidities between Obese IBD and Obese control. There is another discrepancy between statements made in the results. In the First paragraph, sentence starting with "Another features..... less frequently a large abdominal circumference..". Also noted in Figure 1g. The figure shows >80 % Circumference in obese IBD vs 40% obese controls  $p < 0.001$ . Then in the Discussion first paragraph and explanation is given why there is less large abdominal circumference in IBD. This is confusing and the true result should be verified and corrected. Was there any available information on the number of relapses patients with and without obesity suffered in the previous few years before inclusion into the study? Also was there any differences in relapse rates between CD and UC patients? (this topic was touched upon as a limitation in the paragraph starting with "Furthermore....."). However, perhaps some more details could be given: like was there any differences in relapse rates between Obese IBD and non Obese IBD prior to the time of study inclusion (if data available). In Table 2 Abdominal girth frequency between IBD and controls is not shown to be significant. Yet in the Figure 1g there is a significant difference in frequency of abdominal girth between obese IBD and obese controls. Please



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explain further the meaning of no significant difference between IBD and controls in Table 2, this is somewhat confusing. The word “ assumption” in all relevant places should be replaced by “consumption”



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**Academic degree:** PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2020-09-30

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2020-10-09 17:12

**Reviewer performed review:** 2020-11-02 18:40

**Review time:** 24 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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The manuscript by Losurdo etc sought to investigate the prevalence of obesity in IBD patients and associate possible factors with IBD condition. They analyzed the data collected from 807 IBD patients and age and sex-matched 378 controls. They concluded that obese IBD patients seem to have features similar to general obese population, and there is no disease-specific factor (disease activity, extension or therapy) that may foster obesity in IBD. Critics: -It would be very helpful if the authors could include a flowchart illustrating the process of selection of patients and controls. -On page 4, METHODS, "Patients", 1st paragraph, "who refused to participate to the study" - should be "participate in". -On page 6, DISCUSSION, "A Scottish study based on a population of 489 IBD patients showed that the 18% of patients had the features of obesity ...; obese patients with CD were the 18%, while obese patients with UC were the 17.5%" - please remove "the" before the percentage (such as the 18%, the 17.5%). -On page 6, DISCUSSION, "some factors such as steroid assumption could have favored weight gain" - should be "steroid consumption".



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Author's Country/Territory:** Italy

**Manuscript submission date:** 2020-09-30

**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2020-11-19 16:13

**Reviewer performed review:** 2020-11-19 16:21

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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I have no further comments



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**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2020-11-20 14:18

**Reviewer performed review:** 2020-11-20 16:11

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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The revised paper clarifies questions raised previously. Please change `assumption` in the middle of results in the abstract on pg 2 and on pg 6, 2nd paragraph on the page, 4th line from the bottom of the paragraph.