

May 17, 2021

Dear Drs. Bloomfield, Peng, Vento and the *World Journal of Clinical Cases* Editorial Board,
Attached please find our revised manuscript submission to the *World Journal of Clinical Cases* entitled “The Role of Hospitalization for Inflammatory Bowel Disease in the Post-Biologic Era.” The manuscript has been improved according to the suggestions of reviewers (all changes have been **highlighted** in the text) to coincide with transfer to this journal:

Reviewer #1

Conclusion: Accept (High priority)

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

In this review, Celine R Soriano and colleagues approached IBD care from the population-level with a specific focus on hospitalization for IBD, including the shifts from inpatient to outpatient care, the balance of emergency and elective hospitalizations, regionalization of specialty IBD care, and contribution of surgery and endoscopy to hospitalized care. They concluded that population-based studies have shown that there has been an overall increase in IBD hospitalization rates and decrease in endoscopy and emergency surgery and that IBD hospitalization is impacted by disease epidemiology as well as medical, endoscopic, and surgical treatment. Improved inpatient care for IBD patients over time may comprise of the increased utilization of disease modifying agents in the outpatient setting, assessment of short and long-term outcomes of elective surgeries, and early access to high-volume IBD care. The study is of interest to address a clinical and also an administrative issue. The manuscript is well written and in my point of view, it is helpful for improving the prognosis of IBD patients.

Response #1: Thank you for your review.

Reviewer #2

Conclusion: Minor revision

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

In this review, Celine R Soriano and colleagues summarized the relevant literature on the hospitalization rate and the reasons for hospitalization in the years before and after applying biologics. Generally, although with the advanced treatment application, the hospitalization rate has not decreased significantly. However, the reasons for hospitalization have changed considerably. The proportion of hospital admissions for emergency surgery and endoscopy has declined, while the proportion of elective admissions has increased. On the one hand, it reflected the reduction in the number of hospitalizations for IBD patients due to critical complications after biological agents' application. On the other hand, as the total number of IBD patients increases and the volume of IBD care is becoming more comprehensive, the elective surgery caused by chronic complications has not significantly decreased, increasing the hospitalization rate. The review only compares the hospitalization rate, but the hospitalization days and medical expenses that reflect the severity of the illness and the medical burden are not mentioned, which is a flaw. It is recommended that the author add this aspect to the amendment.

Response #2: We thank you for your suggestion and have added a section reviewing cost which discusses medical expenses, such as biologic therapy and length of stay (pg 4-5).

Reviewer #3

Conclusion: Minor revision

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

This is a review regarding the factors that affect hospitalizations of IBD patients. Even though I read it repeatedly, I have a bit of a hard time understanding the purpose of the article. I think the article would improve if the introduction was shortened (the first two paragraphs could be moved / removed / shortened sharply) and replaced with a short description of why this study is justified, such as "despite the fact that the medical treatment has improved significantly after the introduction of biological drugs, it has not affected the need for hospital admissions to the extent that could have been expected". I also lack a description of the literature search. After the introduction, I think it would be a good idea to have a section that describes the IBD population as heterogeneous and that the IBD entity as well as the severity of the disease affects the expected course of the disease, and that medical and surgical treatment can affect the outcome to some extent. I also think that in this context it is important to point out that treatment traditions differ in different countries / regions. After this, I would like you to go through, with subheadings, the identified factors that affect the degree of hospitalization. Even if one discusses the possible effects of biological drugs on the need for surgery, I think that one could have commented that some people think that the need for surgery is postponed rather than reducing the number of procedures.

Response #3: Thank you for your thoughtful suggestions:

1. We have broken down the introduction to include our hypothesis and aim of this review (pg 4).
2. We have moved the discussion of cost in the introduction into its own section (pg 4-5).
3. A description of the methodology and literature search was omitted as this was an invited, topical review rather than a systematic review.
4. The manuscript is divided into the impact of hospitalization on cost and healthcare burden, geographical trends, role of endoscopy on hospitalization, role of surgery in hospitalization, and the impact specialized IBD care may have on improving outcomes and areas of focus for both IBD and non-IBD high volume centers.
5. We also appreciate your insight on the impact of biologics on delaying surgery and have included that in the surgical subsection (pg 9).

Editor-in-Chief Review

- 1 Scientific quality: The manuscript describes a review of the Role of hospitalization for inflammatory bowel disease in the post-biologic era. The topic is within the scope of the WJGE.
- (1) Classification: Grade A, Grade C and Grade C;
 - (2) Summary of the Peer-Review Report: The authors summarized the relevant literature on the hospitalization rate and the reasons for hospitalization in the years before and after applying

biologics. It is well written and helpful. However, the questions raised by the reviewers should be answered; and

(3) Format: There is 1 table.

(4) References: A total of 95 references are cited, including 21 references published in the last 3 years;

(5) Self-cited references: There are 3 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and

(6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

Response: Thank you for your review – references 44 and 73 are both felt to be pertinent by the authors and comprise <10% of the total references.

2 Language evaluation: Classification: Grade A, Grade A and Grade B.

3 Academic norms and rules: No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGE.

5 Issues raised: The “Author Contributions” section is missing. Please provide the author contributions.

Response: Thank you, this section has been included.

6 Recommendation: Conditional acceptance.

We appreciate the opportunity to submit this revised work and our reviewers' time and energy directed at reviewing this work. Thank you for your consideration.

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Vlad V. Simianu, MD MPH

Colon and Rectal Surgery, Virginia Mason Medical Center

1100 Ninth Ave, C6-GS

Seattle, WA 98101

Phone 206-341-0060

Fax: 206-625-7245

Email: Val.Simianu@virginiamason.org

Twitter: @ValSimianu