

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68615

**Title:** Disease exacerbation is common in inflammatory bowel disease patients treated with immune checkpoint inhibitors for malignancy

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

**Reviewer's code:** 04091933

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Senior Researcher

Reviewer's Country/Territory: Russia

Author's Country/Territory: United States

Manuscript submission date: 2021-05-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-17 10:25

Reviewer performed review: 2021-06-29 20:31

Review time: 12 Days and 10 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

The incidence and prevalence of IBD are on the rise worldwide, as is immune checkpoint inhibitor (ICI) therapy for cancer. The latter can not only lead to adverse events but also cause exacerbations of IBD. This is very important to consider when prescribing ICI therapy in patients with IBD. The study presented by the authors showed for the first time that the prevalence of IBD exacerbation following ICI was higher than reported ICI-associated colitis/diarrhea in general. ICI use was also associated with increased rates of IBD patient hospitalization. Despite the small sample size due to the rarity of such cases, the study is well executed and well described. The manuscript can be recommended for publication without revision.