

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 77058

Title: Trends in medication use and treatment patterns in Chinese patients with inflammatory bowel disease

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03795731

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Croatia

Author's Country/Territory: China

Manuscript submission date: 2022-04-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-20 06:47

Reviewer performed review: 2022-04-26 09:09

Review time: 6 Days and 2 Hours

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|--------------------|---|
| Scientific quality | <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 Grade E: Do not publish |
| Language quality | <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 |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Re-review | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Peer-reviewer
statements**Peer-Review: [☒] Anonymous [☐] OnymousConflicts-of-Interest: [☐] Yes [☒] No**SPECIFIC COMMENTS TO AUTHORS**

Authors have conducted a well designed retrospective study. The development of imaging techniques and biologic agents have made a big difference in therapy over the last 20 years. The findings of this study reflect this change, seen as an increase in the use of specific forms of therapy, better suited for the treatment of IBD. The figures and tables are presented in a good manner, making interpretation easy.

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Reviewer's code: 04091850

Position: Editorial Board

Academic degree: DSc, MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: Denmark

Author's Country/Territory: China

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Review time: 9 Days and 6 Hours

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|--------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
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| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-------------------------------------|---|
| Peer-reviewer statements | Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous |
| | Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No |

SPECIFIC COMMENTS TO AUTHORS

Reliable information regarding the use of IBD drugs and temporal changes herein in China is missing. For that reason the manuscript by Yao et al is of interest. The authors should be acknowledged for the great amount of work done by travelling through more than 3000 patient files given that there does not seem to be access to central registries covering all chinese IBD patients. In general the english language is OK needing polishing here and there. However before the manuscript can be recommended for publications a number of changes and considerations have to be made. General points:

As is noted in the manuscript the data is extracted from more than 3000 patient files from seven referral hospitals. In China more than 1,5 mio people are suspected to suffer from IBD so the patients investigated represents only 0,2% of the total IBD population. So even though the data stems from referral hospitals in various regions of China considerations as to whether the data is really representative must be made. I think this very important issue should be a part of the discussion. Infliximab is the only biologics which use is described. I assume this is because of the simple fact that no other biologics or small molecules were available in China. I think this should i be the case should be noted very clearly in the manuscript as should the fact that reimbursement of the cost of biologics does not seem to be possible in China. This can of course affect the use of biologics and this deserves attention in the discussion section. The period of follow up is very short (table 1). It should be explained why and the impact of this short period of follow up on the data and its interpretation should be discussed Specific comments:

Introduction pg 1: IBD does not include but consists of UC and CD I don't know what is meant by "launched succession" Materials and Methods pg 9 It should be stated

clearly whether the population consists of incident or prevalent patients. If the Chinese consensus on IBD diagnosis differs from the rest of the world, the differences should be described. The patients were excluded from analyses of treatment patterns if they had no prescriptions throughout follow-up. Why this? No medication is also part of a treatment pattern. Results pg 12 How were the 957 patients included in the analysis for periodic changes in treatment patterns selected? pg 13 The major differences in characteristics between included and excluded patients should be briefly mentioned in the text. The information given in figure 2 and table 3 is basically the same. There is a lot of data in the manuscript. I think table 3 can be omitted. pg 14 51% of the patients ceased medical treatment after 1-3 months. This is really in contrast to the strategy applied world-wide. This issue earns focus in the discussion pg 15 It seems surprising that patients having perianal surgery and thus complicated disease were less prone to be treated with infliximab. This should be discussed. Discussion Clearly the weakest part of the manuscript. In fact I think this section should be rewritten. In its present stand it more or less just reflects a summary of the results presented instead of a discussion putting the important results into a context comparing the results with the data from the literature. This is of special importance in this case since limited information regarding drug use is available from China and other Asian countries. This makes it highly relevant to compare the findings with findings from other parts of the world and with acknowledged guidelines (ECCO,AGA). There are much too few references in the present version of the discussion. Figure 2 Panel A: Was there no use of 5-ASA in 1999 and 2000? Panel B: No steroid use in 2000? Figure 3: Simply too small, omit it and present the data only in the table or make a readable version.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: DSc, MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: Denmark

Author's Country/Territory: China

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Review time: 5 Hours

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|---------------------------|---|
| Scientific quality | <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 |
| Language quality | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Peer-reviewer | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It has been a pleasure to read your response to the reviewer comments made. The manuscript has been corrected accordingly and I have no further objections. I acknowledge the amount of work related to reviewing the files of so many patients. I think the paper in its present stand will provide a valuable contribution to the understanding of differences in the management of IBD worldwide.