

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 81136

Title: Intestinal ultrasound as a non-invasive tool to monitor inflammatory bowel disease activity and guide clinical decision making

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05129587

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2022-10-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-21 11:04

Reviewer performed review: 2022-11-26 08:03

Review time: 4 Days and 20 Hours

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 Grade E: Do not publish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 type="checkbox"/> Accept (General priority) <input checked="" 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: [<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

Manuscript Review: "Intestinal ultrasound as a noninvasive tool to monitor disease activity and predict disease course." A didactic review of the technical aspects of gastrointestinal ultrasound and of the data supporting its use in the monitoring of inflammatory bowel diseases is carried out in the first part of the manuscript. The main topic concerns the impact of the point of cure ultrasound ("POCUS", i.e. the ultrasound examination performed at the time of the patient's clinical evaluation) in the management of inflammatory bowel diseases. It is a current topic although not easy to be dealt with exhaustively. The presentation of the most significant topics (accuracy of POCUS in measuring inflammatory activity and in documentation of complications, ultrasound scores, role of POCUS in monitoring therapeutic response, comparison with other imaging methods, impact in the management of patients with IBD) is concise, but precise. The literature review is up to date. Besides, the authors' experience takes the form of the proposal of an algorithm in which the optimal timing of POCUS is suggested in the monitoring of patients with IBD and in anti-inflammatory therapy. In conclusion, I was satisfied with this review, it seemed to me exhaustive for the intended purpose. Here are some possible improvements: 1) The initial part, dedicated to the purely technical aspects seemed too detailed and extensive compared to the core tip of the review. 2) Figure 3, please adds details about the Limberg score in the figure legend 3) Fig 5 does not add significant information to the discussion, perhaps it is superfluous. 4) Table 1, which incorporates information already given in details in the corresponding paragraph is perhaps superfluous /unnecessary 5) It is important that the POCUS, as described in the article, considers the figure of the Gastroenterologist

expert in the management of IBD as an expert in intestinal ultrasound ,too; moreover, the Gastroenterologist expert in the management of IBD should also work in synergy with the Gastroenterologist expert in intestinal ultrasound (adjacent clinics)

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

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Academic degree: MD, PhD

Professional title: Professor, Surgeon

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Author's Country/Territory: United States

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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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the opportunity to review the manuscript. I have some comments list below: 1. The title mentioned "Prognosticate Disease Course", but very little words about this topic appeared in the article. 2. "Transmural healing, defined as a BWT < 3 mm" is not commonly recognized. 3. More words should be added to the subsection of Utility for monitoring postoperative CD recurrence. 4. More patients changed in the ultrasound group. Did these changes led to more disease remission? 5. Shear wave elastography (SWE) to measure the level of fibrosis or ultrasond for complication and surgical indication should be discussed.