



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 82802

Title: Infliximab versus Adalimumab: Points to Consider When Selecting Anti-Tumor Necrosis Factor Agents in Pediatric Patients with Crohn's Disease

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05142913

Position: Peer Reviewer

Academic degree: Doctor, MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: South Korea

Manuscript submission date: 2022-12-28

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-22 14:56

Reviewer performed review: 2023-02-22 14:57

Review time: 1 Hour

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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: <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

Interesting to read



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226306

Position: Editorial Board

Academic degree: FACS, MBBS, MCh, MNAMS

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2022-12-28

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-23 02:42

Reviewer performed review: 2023-02-23 04:05

Review time: 1 Hour

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
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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

1. Indications can include at what point the anti TNF to be commenced [within <3 months after diagnosis - higher corticosteroid- and surgery-free remission rates at 1 year than induction with EEN or corticosteroids followed by immunomodulator therapy] 2. Also, other indicative features to be considered such as those who do not reach clinical [PCDAI <10] and biochemical remission [faecal calprotectin <250 µg/g] after induction with EEN or corticosteroids 3. Any dosing modifications to be done based on the weight / other investigations [children < 30 kg, and those with extensive disease and low serum albumin levels, require higher induction doses up to 10 mg/kg, shorter dosing intervals, or both, to reach target trough levels] 4. Use of Methotrexate in addition to Azathioprin has been noted in literature. 5. Practical guidelines of when to combine immunomodulators, end point and outcome can be added [patients with perianal disease, stricturing or penetrating behaviour, or severe growth retardation should be considered for up-front anti-TNF agents in combination with an immunomodulator] 6. Monitoring of drug levels (well within the target range and treatment targets) and scopy findings (endoscopic and transmural healing) serve as excellent tools. 7. Guidelines in



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the form of algorithms would provide a quick grasp / summary of the review.



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Peer-review model: Single blind

Reviewer's code: 03476357

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Korea

Manuscript submission date: 2022-12-28

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-22 15:24

Reviewer performed review: 2023-02-25 10:49

Review time: 2 Days and 19 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
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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

The overall quality of the manuscript, based on the above-listed criteria, should be evaluated and classified into the following five categories: Grade B (Very good)
 Novelty of This Manuscript: Grade B (Good) Creativity or Innovation of This Manuscript: Grade B (Good) Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)