

Point-by-point letter
(World Journal of Gastroenterology Manuscript NO: 64297)

Reviewer #1:

(reviewer's comments in black, our replies are italicised)

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: In the original article of Cococcia et al. the authors aimed to validate an Italian translation of the IBD perceived stigma scale (PSS) in relation to patients' resilience. Since there are very limited data regarding perceived stigma in IBD, and no validated translation of the PSS scale into Italian is available, moreover, perceived stigma in Italian IBD patients has never been assessed the study is of great clinical importance. The validation process of the original PSS score is well designed and well presented, the involved patients' characteristics are representative regarding the main aims of the study. Also, to fit the translated questionnaire according to cultural features is also an important step. They found a moderate level of resilience in their cohort, also they shown for the first time that, in IBD patients, higher levels of resilience correlate with lower levels of perceived stigma and, to better QoL. The discussion is correct, their results, the boundaries of the study, are discussed appropriately and moderately. Minor comment: I suggest to include the original and Italian translation of the PSS scale into the manuscript as a supplemental data. After this minor correction, I definitely suggest to accept the manuscript for publication in WJG.

We thank the reviewer for raising this point. We have enclosed the Italian version of the scale as Supplementary data, while the original English version has already been published elsewhere (see reference #4); we have now added this information in the text, so that readers can easily search for the referenced paper. We cannot include the original English version, as we want to avoid any form of plagiarism or copyright issues.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This is an interesting well written original research article on an often neglected topic in IBD patients. I have some minor comments, mainly regarding the study population - 157 IBD patients were included but it is not stated in the article how this number was reached, how many patients were screened and how? Is this a random sample of the total IBD population followed at this hospital? - Is it known why the UC population is significantly older and has significantly more severe disease? - I am a bit surprised by the high percentage of UC patients' that had previous abdominal surgery, especially since only 4% of patients has a pouch.

We thank the reviewer for raising this point. All patients with an established diagnosis of IBD according to the current guidelines were consecutively enrolled over the study period. As already explained in the statistical analysis section, we included 126 patients because,

as per sample size calculation, 100 patients was the target population, but we added 26 further patients for compensating possible dropouts at follow-up. As suggested, we have now added the number of patients who were screened but did not take part to the study. We did not find any explanation for the age difference between the CD and the UC population, that may be due to a random effect. Abdominal surgery did not include only IBD-related surgery and that's why a high proportion of UC patients had surgery in the past. We have now specified this in Table 2.

I would explain this in the introduction as well. "Our findings suggest that downstream public health intervention that focus on patients' resilience may reduce the level of perceived stigma and consequently the patients' QoL. " I would advice to rephrase this sentence, I think the authors mean a health intervention will increase the patients' QoL and not reduce it.

We thank the reviewer for raising this point. we have now rephrased the sentence into "Our findings suggest that downstream public health intervention that focus on patients' resilience may reduce the level of perceived stigma and consequently may improve the patients' QoL"

Will the scales itself be included in the final article?

We thank the reviewer for raising this point. We have now enclosed the Italian version of the scale as supplementary data. The English version can be found in a previously published paper (reference #4).

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

We thank for raising this point. The paper was proofread by native-English speakers.

5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

- (1) Science editor: 1 Scientific quality: The manuscript describes a clinical and translational research of the expression of Notch pathway components in colorectal tumors. The topic is within the scope of the WJG. (1) Classification: Grade B and Grade A; (2) Summary of the Peer-Review Report: The authors found an interesting well written original research article on an often neglected topic in IBD patients. However, the minor revision is needed. The questions raised by the reviewers should be answered; and (3) Format: There are 4 tables. (4) References: A total of 31 references are cited, including 6 references published in the last 3 years; (5) Self-cited references: There is 1 self-cited reference. 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.

We thank the science editor for pointing this out. Our self-citation rate is 3.2%.

2 Language evaluation: Classification: Grade B and Grade A. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised:

(1) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and

We thank the science editor for raising this point. References have been amended accordingly. Also, we would like to point out that informed consent was not waived, as specified in the text. All patients provided written informed consent before inclusion in the study.

(2) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Recommendation: Conditional acceptance.

We thank the science editor for raising this point. The section "Article Highlights" has been added at the end of the main text, as requested.

(2) Editorial office director:

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

We thank the company editor-in-chief for raising this point. We have now shortened the title, which now contains 18 words.