

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 80615

Title: Medical consultation in ulcerative colitis: key elements for improvement

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05205091

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Assistant Professor, Doctor, Staff Physician

Reviewer's Country/Territory: Singapore

Author's Country/Territory: Spain

Manuscript submission date: 2022-10-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-21 13:47

Reviewer performed review: 2022-10-21 14:43

Review time: 1 Hour

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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements	Conflicts-of-Interest: [] Yes [Y] No
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SPECIFIC COMMENTS TO AUTHORS

The manuscript "Medical consultation in ulcerative colitis: key elements for improvement" addresses important issues in the clinical communications between patients and healthcare providers. It is for certain that the vast majority of guidelines focus on the hard-science of IBD and the principles of medical management. While the clinical scenarios are well thought of and summarised in Table 2, the principles and practice points do appear too generic. Many of the pointers such as empathy and open questioning are very generic and can be said of any clinical consult not unique to IBD alone. I feel it would be of better value and relevance to the IBD physician, if the authors illustrate their pointers using a case scenario of a patient with ulcerative colitis at initial presentation, and to take the reader through the various stages of this patient's clinical journey (diagnosis , diagnosis disclosure after endoscopy , follow-up post treatment , monitoring control, addressing issues of colorectal cancer risk , compliance ; addressing concerns of therapy escalation/ need for colectomy). The authors can propose certain challenging scenarios or difficult communications with the patient ; they can thereby suggest strategies how to approach these difficult communications ad verbatim. E.g. On the issue of topical therapy compliance, the patient says he cannot comply with nightly enema administration or that the enema tends to leak out. The authors may suggest how they would try to negotiate for the patient to comply ad verbatim : "Perhaps aim to use enemas 3 times a week first to get used to it ? Perhaps if liquid enemas don't work, we can consider foam preparations that retain better? "

Similar ad verbatim communication points can be done for the section of switching/escalating therapies , communicating cancer risk and need for dysplasia screening , new extraintestinal manifestations. The patient is concerned that he may

need a colectomy if he runs out of therapeutic options with even second-line biologics .
How would the authors suggest one approaches this situation ? If one is failing multiple
biologics, should the consultation with a surgeon and a stoma nurse be made early ?
How do the authors suggest the issue of potential surgery/pouch creation be brought up
during the consultation ? Benefits versus risks ? Potentially curative for UC ? Risks -
stoma complications ? pouch complications ? reduced fecundity ?

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Reviewer's code: 05260869

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Research Assistant Professor, Staff Physician

Reviewer's Country/Territory: Italy

Author's Country/Territory: Spain

Manuscript submission date: 2022-10-20

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Reviewer accepted review: 2022-10-28 04:15

Reviewer performed review: 2022-10-30 05:16

Review time: 2 Days and 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 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 type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

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

In this work by Gonzalez-Lama et al, the authors address the important topic of medical consultation in ulcerative colitis. The work is written in appropriate english language and it is clear and concise in the topics that it tackles. - I suggest adding a paragraph (and also a summary in table 2) on consultation for male/female patients with regard to fertility and pregnancy in IBD, referring to the newest ECCO Guidelines (<https://doi.org/10.1093/ecco-jcc/jjac115>). - at page 7, the authors state "Reliable sources on the Internet should also be offered". Please expand this part with more details. - in many sentences throughout the paper, I feel that references are missing regarding what is actually stated. Particularly for psychology, feelings of patients etcetera, are all these information provided coming from surveys? Original articles? It is important to give literature evidence of all statements. - a conceptual question would also be: why focussing only on UC instead of giving a general overview of IBD, so considering also Crohn's disease?