

# **POINT-BY-POINT RESPONSE**

**Name of Journal:** World Journal of Methodology

**Manuscript Title:** Telemedicine in Inflammatory Bowel Diseases: a new brick in the medicine of the future?

**Invited Manuscript ID:** 86511

## **[REVIEWER 1]**

### **SPECIFIC COMMENTS TO AUTHORS**

I read the paper by Gravina et al with interest. The authors summarized the primary evidence in the literature on telehealth and inflammatory bowel diseases. While there are some questions need to be solved before publishing: 1. Please point out the innovation part of this manuscript compared with the published reviews, like PMID: 34275304, PMID: 35323120, PMID: 37099723, PMID: 36926667. 2. The content about educating patients about IBD and its management (teleducation) need to be added in this review. 3. It would be better to discuss the limitations of telehealth for IBD in the end of this review.

### **RESPONSE TO REVIEWER:**

We cordially thank the reviewer for his/her comment on the quality of our review. We thank the Reviewer for the time and effort spent in reviewing our manuscript.

- 1) We thank the reviewer for this request for clarification. We will try to point out what, in our opinion are the elements of difference of our review from those cited by the reviewer: The interesting meta-analysis by Pang et al. (2022) focused exclusively on the few available clinical trials in telemedicine so they analyzed only 17 trials. In addition, they focused on only a few clinical and QoL-related outcomes. So given the design of the study they did not have the opportunity, as in our work, to expose in detail and length even nonclinical trials and to draw insights into the available evidence on each sub-branch of telehealth. Similarly, can be said in the only 13 studies collected from the meta-analysis by Kuzhiyanjal et al. (2023). In contrast, the review by del Hoyo et al. (2023), which we have already cited in our paper, focused exclusively on telemonitoring by not exploring all the other countless applications of telemedicine. In addition, we sought to stigmatize the role that the COVID-19 pandemic has played in both the research and clinical landscape on telehealth. Probably, to the best of our efforts and knowledge, we think this review may have the strength of being able to provide the reader with a general overview of all the major (updated) applications of telehealth according to Bashshur's taxonomic classification of telemedicine. In any case, we considered citing the works not already cited recommended by the reviewer for greater completeness of the bibliography. This is also to make sure that the reader can read them when in doubt. In addition, a further element that we believe is extraordinarily new in reviews on the subject is having explored two little-explored aspects: first of all, telepathology (something of a chimera in this field)

as well as telepsychology. We hope that the Reviewer can agree with us but we thank him extensively for these requested additions that we made as we feel that they provided quality to the manuscript.

- 2) We thank the reviewer for this interesting insight. a special section "TELEDUCATION IN IBD" has been added to the manuscript.
- 3) As requested by the reviewer we have definitely expanded the conclusion paragraph. We exposed the main limitations of telehealth (e.g., lack of in-person visits with objective examination, lack of validated criteria on which patients are more or less deserving of telehealth, lack of evidence on direct overlap between in-person and telehealth visits). In addition, we provided our perspective in relation to not missing the opportunity provided by COVID-19, which has greatly stimulated real-life clinical settings and research in the production of telemedicine tools for IBD.

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## [REVIEWER 2]

### **SPECIFIC COMMENTS TO AUTHORS**

In this review, the authors want to discuss the telemedicine and its application in the management of IBD, including telemonitoring, teleconsulting, teleducation, telenursing, telenutrition, and telepathology. The content of this review is interesting and comprehensive. However, this review also has a few of shortcomings. 1. This review lacks a certain degree of innovation and creativity. In addition, similar reviews have been published. So it is suggested to explore a new perspective. 2. The logic of this review is not clear and language is not refined enough, it is suggested to add their own insights and condensed paragraph.

### **RESPONSE TO REVIEWER:**

We cordially thank the reviewer for his/her comment on the quality of our review. We thank the Reviewer for the time and effort spent in reviewing our manuscript.

- 1) We thank the reviewer for this request for clarification. Certainly, other review manuscripts have been published however with different intentions than ours. In example, Pang et al. (2022) focused exclusively on the few available clinical trials in telemedicine, so they analyzed only 17 trials. In addition, they focused on only a few clinical and QoL-related outcomes. So given the design of the study they did not have the opportunity, as in our work, to expose in detail and length even nonclinical trials and to draw insights into the available evidence on each sub-branch of telehealth. Similarly, can be said in the only 13 studies collected from the meta-analysis by Kuzhiyanjal et al. (2023). In contrast, the review by del Hoyo et al. (2023), which we have already cited in our paper, focused exclusively on telemonitoring by not exploring all the other countless applications of telemedicine. In addition, we sought to stigmatize the role that the COVID-19 pandemic has played in both the research and clinical landscape on telehealth. Probably, to the best of our efforts and knowledge, we think this review may have the strength of being able to provide the reader with a general

overview of all the major (updated) applications of telehealth according to Bashshur's taxonomic classification of telemedicine. In addition, a further element that we believe is extraordinarily new in reviews on the subject is having explored two little-explored aspects: first, telepathology (something of a chimera in this field) as well as telepsychology. We hope that the Reviewer can agree with us, but we thank him extensively for these requested additions that we made as we feel that they provided quality to the manuscript.

- 2) We thank the reviewer for this interesting insight. We have expanded the conclusion section with new paragraphs on our own insights on the topic. In refining the language, we have set out some elements that we think are worthy of discussion:
- The limits of telehealth;
  - The possibilities of telehealth under the conditions where there is the most evidence;
  - We stymied the need not to miss the opportunity provided by COVID-19 to accelerate telehealth systems;
  - We expounded on the need to identify subgroups of patients deserving of telehealth and where it is most effective;
  - We exposed the need to understand when telehealth is superimposable on in-person visits and under what conditions;
  - We exposed the potential of telepsychology;

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## **[REVIEWER 3]**

### **SPECIFIC COMMENTS TO AUTHORS**

No

### **RESPONSE TO REVIEWER:**

We cordially thank the reviewer for his/her comment on the quality of our review. We thank the Reviewer for the time and effort spent in reviewing our manuscript. We thank him for not considering requesting changes to the review.

## **[EDITOR IN CHIEF]**

### **SPECIFIC COMMENTS TO AUTHORS**

I recommend the manuscript to be published in the World Journal of Methodology. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per

Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

**RESPONSE TO EDITOR IN CHIEF:**

We thank the Editor in chief for his comments and to deem our work worthy of publication. We thank you for asking to check our references with Reference Citation Analysis (RCA). We did it. The authors thank the Editor in chief for the time spent and effort in conducting the editing of our work. Thank you.