

## ANSWERING REVIEWERS



June 19, 20124

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11374-Edited.doc).

**Title:** Clinical epidemiology of Ulcerative Colitis in Arabs based on Montréal classification

**Author:** Othman R. Alharbi; Nahla A. Azzam; Ahmed S. Almalki; Majid A. Almadi; Khalid A. Alswat; Nazia Sadaf; Abdulrahman M. Aljebreen

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 11374

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) **The authors' findings are quite distinct from clinical features of ulcerative colitis reported from the United States.** Do the authors believe that there is an infectious component contributing to colitis seen in Saudi Arabia?

We thank the reviewer for his comments, but we don't have any evidence to state that infectious component can be a contributing factor. It could be multifactorial including environmental factors, but again we don't have evidence to speculate as such.

- (2) Page 6, line 17: Add “of” between “All” and “these”.

Thank you. Done.

- (3) Page 7, line 6: How was it decided that 10% of the data in the registry was randomly checked? Where did the number 10% come from?

Among 394 cases, 40 entries were randomly checked (like entry number 1, 10, 20 & so on) by a trained Research Assistant.

- (4) Page 8, line 3: Change spelling of “ilium” to “ileum”.

Thank you. Done.

- (5) Page 8, line 2-6: This is not a complete sentence, consider rewriting.

Sure, thanks & done.

- (6) Page 12, line 6: Capitalize North America.

Sure, thanks & done.

- (7) Page 13, line 5-6: The second half of this sentence is unclear. Consider rewriting.

Done. We thank the reviewer for his valuable comments.

- (2) **In the presented paper the authors aimed to determine the clinical,**

**epidemiological and phenotypic characteristics of ulcerative colitis (UC) in Saudi Arabia, by studying the largest cohort of Arab UC patients, between September 2009 and September 2013. They found some similarities and differences between their patients and patients from Asian and Western countries.**

We thank the reviewer for his valuable response.

My comments are; 1-There are many discrepancies throughout the manuscript including the text and tables. a-Abstract, results: The ratio of patients with only proctitis must be 22%, not 29.2%. b-Results: Disease characteristics; The ratio of patients with only proctitis must be 22%, not 29.2%.

Correct, we have gone back to the results, rechecked & changed accordingly.

c- Page 9, last paragraph; “Among our patients, 77.0% (95% CI: 73.0–82.0) had infrequent relapse; 17.4% (95% CI: 13.3–21.5) had frequent relapse; and 4.8% (95% CI: 2.4–7.1) had chronic disease with no remission.” The percentages are different from those in Table 1.

We thank the reviewer for pointing out, & have gone back to the results, rechecked & changed accordingly.

d- Page 10, Treatment and response, 3. sentence; Additionally, 85.2% (95% CI: 78.9–91.4) were steroid responsive, 7.0% (95% CI: 2.5–11.5) were steroid dependent, and 6.2% (95% CI: 2.0–10.5) did not respond to steroid treatment. (Total 98.4%. What about the remaining 1.6% of the patients?)

In the remaining 1.6% no data is available as to assess their response or absence of response to the disease.

e- Page 10, Extraintestinal manifestations: Discrepancies between Table 3 and results: With regard to extraintestinal manifestations, arthritis was present in 16.4% (95% CI: 10.4–22.0) of the patients (no information in Table 3), osteopenia in 31.4% (95% CI: 22.4–40.4) (30.5% in Table 3), and osteoporosis in 17.1% (95% CI: 9.8–24.4). Primary sclerosing cholangitis was found in 0.8% (0.9%?) of the patients, and deep vein thrombosis (DVT) was found in 2.1% (1.9%?), one of whom had a fatal pulmonary embolism during hospitalization. Cutaneous involvement was observed in 7% of our population: majority of these patients had an unspecific skin rash, while in 25% (23.8%?) of them had erythema nodosum.

We thank the reviewer for pointing out, & have gone back to the results, rechecked & corrected the discrepancies.

2-In Abstract, Conclusion; Without giving any information in results it is not appropriate to say that majority of the cases are diagnosed in young people.

We have added the information in the result section & we thank the reviewer for pointing that out.

3-Page 11, last paragraph, 6.sentence: Sri Lanka must be written as “Sri Lanka”.

4-What are the definitions of osteopenia and osteoporosis? The definitions should be given in materials and methods.

Definitions added. Thanks for pointing out.

5-Page 12, last sentence: It is written that “...these findings are also similar to those in our population (85.5% responded and 14% did not respond).” But, in “Treatment and response” section it was stated that “Additionally, 85.2% (95% CI: 78.9–91.4) were steroid responsive, 7.0% (95% CI: 2.5–11.5) were steroid dependent, and 6.2% (95% CI:

2.0–10.5) did not respond to steroid treatment.” The steroid dependent and steroid nonresponsive patients were accepted as nonresponsive.

True, thanks for pointing this discrepancy of adding them both up. We have corrected it.

6-References are not written according to the Journal’s instructions.

We thank the reviewer for his detailed comment. The reported results & discrepancies within were dealt with. Definition given. References and typesetting were corrected.

(3) **This paper addresses the clinical, epidemiological and phenotypic characteristics of UC in Saudi Arabia, by studying the largest cohort of Arab UC patients and concluded that prevalence of UC seems to be increasing in Saudi Arabia, and the majority of UC cases are diagnosed in young people (17–40 years) with a male preponderance. The authors also pointed out that while the disease course was found to be similar to that reported in Western countries, more similarities were found with Asian countries with regards to the extent of the disease, and response to steroid therapy.** I do have some comments as listed below in the order noted.

Comment 1: The quality of the data set is very important, especially in a population-based registry. For this reason, please clarify the excluded criteria in the Materials and Methods section.

We thank the reviewer for his comments, & have incorporated them with the addition of inclusion & exclusion criteria.

Comment2: In Tables 1-2, the authors provided the 95% C.I. I believe it should be the Range (from minimum to maximum). Please clarify.

95% confidence intervals are usually used in medical journals, giving information as minimum & maximum range.

Comment3: The authors addressed the odds ratio (OR) and 95% confidence interval (CI) were used in the Statistical Analysis, but we could not identify these values in the Tables and Figures. Please clarify it.

We thank the reviewer for this comment; we have corrected the statistical section according to the results generated.

Comment4: In Figure 1, the authors provided the relation between age and incidence of UC. Please define and clarify the incidence rate here.

We have corrected the heading to "Age at Diagnosis of UC."

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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