**ESPS Peer-review Report**

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

**Ms:** 1166

**Title:** Efficacy of Infliximab in Acute Severe Ulcerative Colitis: A Single-centre Experience

**Reviewer code:** 00058695

**Science editor:** l.l.wen@wjgnet.com

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| **CLASSIFICATION** | **LANGUAGE EVALUATION** | **RECOMMENDATION** | **CONCLUSION** |
| [ ] Grade A (Excellent)  [ Y] Grade B (Very good)  [ ] Grade C (Good)  [ ] Grade D (Fair)  [ ] Grade E (Poor) | [ Y] Grade A: Priority Publishing  [ ] Grade B: minor language polishing  [ ] Grade C: a great deal of  language polishing  [ ] Grade D: rejected | Google Search:  [ ] Existed  [ ] No records  BPG Search:  [ ] Existed  [ ] No records | [ ] Accept  [ ] High priority for publication  [ ]Rejection  [ Y] Minor revision  [ ] Major revision |

**COMMENTS**

CONFIDENTIAL COMMENTS TO EDITOR:

This manuscript should be published after a revision

COMMENTS TO AUTHORS:

This is a well-done paper dealing with infliximab (IFX) rescue treatment of patients with ulcerative colitis (UC) which certainly should be published. The authors are completely right that observations from real life situations are of much higher importance than those obtained from an artificial setting of a RCT. However, I have some comments, which need to be taken into account in a revised manuscript. Comments: 1. As the forty-four UC patients receiving at least one infliximab (IFX) infusion were included between May 2006 and January 2012 (i.e. 5 years and 9 months – and some may even have dropped out before study end) the average patient was only observed for a rather short period. The authors should visualize in a figure for how long time each patient was observed, as this is an important issue when evaluating the results. 2. In this connection I still have some doubts about the long-term effect of IFX to UC. Could it be that a colectomy is only postponed by some time (i.e. much more patients would belong to the “colectomized group” if the follow-up was extended)? This possibility does in my opinion still exist due to the rather short follow-up period used in this paper. 3. It is a little unclear to my why only 33 % of patients with severe UC received oral 5-ASA (Table 2)? At our IBD centre this figure is close to 100 %. Could a suboptimal basic treatment account for the development of severe flares of UC, i.e. be a bias for the results obtained from this single centre? I thought 5-ASA was more widely used in Leeds including Crohn’s disease, as I remember a very interesting correspondence in the Am J Gastroenterol 1? years ago between one of authors and another British gastroenterologist.