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7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics
Manuscript NO: 34010
Title: The Declining use of Combination Infliximab and Immunomodulator for Inflammatory Bowel Disease in the Community Setting.
Reviewer's code: 03658410
Reviewer's country: Greece
Science editor: Ze-Mao Gong
Date sent for review: 2017-03-23
Date reviewed: 2017-04-01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Please decrease the length of introduction by half. Please Combine data of Tables 1a-1b-1c Please decrease number of Figures to 50%.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics
Manuscript NO: 34010
Title: The Declining use of Combination Infliximab and Immunomodulator for Inflammatory Bowel Disease in the Community Setting.
Reviewer's code: 02854595
Reviewer's country: United States
Science editor: Ze-Mao Gong
Date sent for review: 2017-03-23
Date reviewed: 2017-04-07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this retrospective study Berkowitz and colleagues describe the trends in use of CT for IBD in the community setting over a period of 12 years. They show that use of CT in IBD overall was decreased with lower rates in CD and unchaged rates in UC – regardless of the publication of the SONIC study and patients' age, gender, faculty status of the gastroenterologist and use of other agents including steroids. This is a very well conducted and written study. It has – as the authors point – some weaknesses inherent to the retrospective nature of the investigation. However overall the data are showing – at the very least – that the SONIC study and the expert opinion has had no impact on CT use over the years. My comments: 1. The authors describe the SONIC study as showing "CT to be clearly superior to monotherapy in inducing remission and mucosa healing without increasing the risk of side effects". I do not agree. If you remove the patients for whom the endoscopy was not available or there was no evidence of active inflammation (a large number of patients) the difference between IFX monotherapy and

CT becomes non significant. Furthermore the authors state that in patients treated with CT the IFX trough levels were higher compared to those on monotherapy. However the authors fail to mention that changes in trough levels did not impact on therapeutic outcomes (these data were only presented in the supplementary material of the NEJM paper). It seems that the authors are assuming in their conclusions that there is an education problem in the GI community whereby the gastroenterologists do not keep themselves updated or do not listen to the experts. However they also cite a paper showing that the use of CT varies widely among different tertiary IBD referral centers – hence the experts' opinion does not appear to impact on their choices either. I suggest the authors provide a more balanced discussion on this issue – including the possibility that the lack of a surge in the use of CT in IBD in the community might not simply be the result of "education" but also of a more sophisticated approach in reading "landmark" studies and listening to experts' opinion. 2. The Introduction is very long – often describing obvious features of IBD. I suggest the authors shorten it to half of the current length. The Discussion could also be made much shorter. 3. The figures do not offer an immediate message. I suggest the authors simply plot the proportions of patients on CT over time – perhaps with a vertical line showing the SONIC publication date. 4. Comparing proportions of UC patients on CT in the UC population before and after the Sonic study might not be appropriate and should not be done. 5. Figure legends are missing.