

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35056

Title: Diagnostic delay in inflammatory bowel disease increases the risk of intestinal surgery

Reviewer's code: 01587889

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2017-06-15

Date reviewed: 2017-06-15

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

COMMENTS TO AUTHORS

Dong-won Lee et al. is a retrospective analysis of existing medical records (chart review) aiming at investigating the factors affecting diagnostic delay and its effects of diagnostic delay in inflammatory bowel disease. Patient consent was not required/ waived because of the nature of the study but the study was approved by the Institutional Review Board. Not surprising, the results were convincing. According to the authors' observations they found out that a diagnostic delay was associated with poor outcomes in inflammatory bowel disease. The median diagnostic time interval was 6.2 and 2.4 months in Crohn's disease and ulcerative colitis, respectively. Among the initial symptoms, perianal discomfort before diagnosis delay was associated with diagnostic delays in Crohn's disease. No clinical factor was associated with diagnostic delays in ulcerative colitis. Strictureing, and penetrating types were associated with increased intestinal surgery risks in Crohn's disease. In ulcerative colitis, a diagnostic delay was the only factor associated increased intestinal surgery risks. The data of chart review, statistics, results, discussion



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and citations is convincing. The language is relatively well written except on page 1 there is a misspelling "Korea Universtiy Ansan Hospital", should read - Korea University Ansan Hospital. The paper is publishable.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35056

Title: Diagnostic delay in inflammatory bowel disease increases the risk of intestinal surgery

Reviewer's code: 00035859

Reviewer's country: India

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors have addressed an important aspect - diagnostic delay in IBD and the consequences. The authors have studied the diagnostic delay over 15 years- did they see any reduction in diagnostic delay over 15 years? Some improvement is needed in statistics in the results- addition of interquartile range to median values. The perianal pain was the only clinical factor associated with diagnostic delay as per this study. How do the authors explain this? would they recommend any suggestion to improve this? Finally they need to explain the finding of diagnostic delay in UC causing increased likelihood- Is it a statistical finding or they feels it is a clinically relevant finding? The number of Table need to be reduced