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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 37379
Title: Faecal calprotectin and magnetic resonance imaging in detecting Crohn's disease endoscopic postoperative recurrence
Reviewer's code: 02848336
Reviewer's country: Poland
Science editor: Xue-Jiao Wang
Date sent for review: 2017-12-08
Date reviewed: 2017-12-26
Review time: 18 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] 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

I read with great interest the paper by Baillet et al. It was aimed to assess the utility of MR enterography and faecal calprotectin to detect endoscopic POR of Crohn's disease. The subject is very interesting and up-to-date. It is of great importance to define how to monitor the postoperative course of CD in order to prevent disease recurrence. That is why in my opinion the submitted paper has a great practical relevance. The methodological aspects are well prepared and planned, as well as the statistical analysis. The discussion is interesting and clearly written. The authors also discuss the possible limitations of the study. In my opinion the papers deserves publication in WJGNET, however some revision should be done: 1. In Table 1 the authors present „baseline characteristics" of the study group. It is not clear, wheter this Table reffers to the time of surgery or the time of the control colonoscopy? What was the exact time point for the

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enrollment to the study? Were the patients enrolled just after surgery and prospectively followed or the enrollment started at the time of the control colonoscopy? 2. The study group was treated with different agents after the surgery. Please specify what are the algorithms in the centers represented by the authors in case of patients with CD undergoing surgery? Why some proportion of patients was treated aggressively with anti-TNF agents (what were the criteria for using anti-TNF agents?) and other patients received mesalamine, which is believed to have no influence (or very low influence) on the reccurence of CD after the surgery? Which patients received no medications? 3. Rutgeerts score was designed to assess the CD recurrence in patients after ileocolonic resection. In the study group 15 patients had pure ileal disease location and 1 patient presented with pure colonic location. What are the data for using this endoscopic score in patients with CD after other type surgery, than ileocolonic resection? 4. The authors perfomed the inter-observer agreement analysis in case of MRI studies. It would be interesting to have similar data in case of the interpretation of endoscopic images, since it was shown that the reproducibility of the Rutgeerts score is moderate, especially in differentiating between < i2 and ≥ i2. Please make a comment on that. 5. The authors are using MaRIA score and Clermont score, however it was not mentioned in the methods section how the authors calculated the scores. For example, MaRIA originally was designed also to assess CD colonic involvement in MRI by placing a rectal catheter and filling the colon with water. In the submitted paper, MR enterography was performed by using a strandard protocol, without distending the colon before the examination. Thus, please specify how those indices were calculated in the present study.