



**Baishideng  
Publishing  
Group**

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**Fax:** +1-925-223-8243  
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<https://www.wjgnet.com>

## PEER-REVIEW REPORT

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

**Manuscript NO:** 39711

**Title:** From bench to bedside: fecal calprotectin in Inflammatory Bowel Diseases (IBD) clinical setting

**Reviewer's code:** 03260089

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-05-05

**Date reviewed:** 2018-05-06

**Review time:** 22 Hours

| SCIENTIFIC QUALITY                          | LANGUAGE QUALITY                                      | CONCLUSION                              | PEER-REVIEWER STATEMENTS              |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept         | Peer-Review:                          |
| <input type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language      | (High priority)                         | <input type="checkbox"/> Anonymous    |
| <input type="checkbox"/> Grade C: Good      | polishing   | <input type="checkbox"/> Accept         | <input type="checkbox"/> Onymous      |
| <input type="checkbox"/> Grade D: Fair      | <input type="checkbox"/> Grade C: A great deal of     | (General priority)                      | Peer-reviewer's expertise on the      |
| <input type="checkbox"/> Grade E: Do not    | language polishing                                    | <input type="checkbox"/> Minor revision | topic of the manuscript:              |
| publish                                     | <input type="checkbox"/> Grade D: Rejection           | <input type="checkbox"/> Major revision | <input type="checkbox"/> Advanced     |
|   |   | <input type="checkbox"/> Rejection      | <input type="checkbox"/> General      |
|   |   |   | <input type="checkbox"/> No expertise |
|   |   |   | Conflicts-of-Interest:                |
|   |   |   | <input type="checkbox"/> Yes          |
|   |   |   | <input type="checkbox"/> No           |

### SPECIFIC COMMENTS TO AUTHORS

1) Methods of assessment In a recent study, that have to be cited because as regards the analytical part, it deals with the same topics, data are provided about a comparison of two ELISA assays (Calprest® Eurospital and Buhlmann-fCal® ELISA) on a total of 60

fecal samples collected from 23 outpatients with functional intestinal disorders and 37 with organic diseases. The two assays showed both high precision (Pearson  $S=0.9298$ ) and high accuracy (Bias correction factor  $C_b=0.9199$ ), with an overall concordance correlation coefficient of 0.8553. However, BuhlmannfCal® ELISA assay showed an overall overestimation of FC levels compared to Calprest® Eurospital assays Caviglia GP, Ribaldone DG, Rosso C, Saracco GM, Astegiano M, Pellicano R. Fecal calprotectin: beyond intestinal organic diseases. *Panminerva Med.* 2018 Mar;60(1):29-34. 2) FC in discriminating between IBD and IBS I would specify IBS-D (eventually IBS-D and IBD-M) 3) A further limitation is a low specificity in discriminating ulcerative colitis (UC) from Crohn's disease (CD), active IBD from non-IBD intestinal inflammation (infections, non-steroidal anti-inflammatory drugs-related damage, cancer, diverticulitis). I would add: - microscopic colitis (MC) Comparing all MC patients (collagenous colitis, CC + lymphocytic colitis, LC) with IBS patients -> a significant difference in FC concentrations ( $P=0.03$ ) using an ELISA test. A highly significant difference in median FC concentrations between active MC and IBS groups ( $P<0.0001$ ). Whereas median FC concentrations of patients with MC in remission did not significantly differ from patients with IBS von Arnim U et al. *Clin Exp Gastroenterol.* 2016. FC concentrations were significantly increased in patients with active CC (median 80  $\mu\text{g/g}$ ) compared with patients with quiescent CC (median 26  $\mu\text{g/g}$ ) and controls (median 6.25  $\mu\text{g/g}$ ). However, more than one third (38%) of patients with active CC had normal levels of calprotectin. The high levels of FC in active CC patients can be explained by the fact that calprotectin is present not only in neutrophils but also in monocytes and macrophages. Nevertheless, the use of FC as an inflammatory marker for CC is not recommended for lack of universal evidence Wildt S et al. *Eur J Gastroenterol Hepatol.* 2007.

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 39711

**Title:** From bench to bedside: fecal calprotectin in Inflammatory Bowel Diseases (IBD) clinical setting

**Reviewer's code:** 02908309

**Reviewer's country:** Egypt

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-05-05

**Date reviewed:** 2018-05-11

**Review time:** 6 Days

| SCIENTIFIC QUALITY                                     | LANGUAGE QUALITY  | CONCLUSION                                 | PEER-REVIEWER STATEMENTS                      |
|--|---|--|---|
| <input type="checkbox"/> Grade A: Excellent            | <input type="checkbox"/> Grade A: Priority publishing       | <input type="checkbox"/> Accept            | Peer-Review:                                  |
| <input checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority)                            | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good                 | polishing   | <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of           | (General priority)                         | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not               | language polishing  | <input type="checkbox"/> Minor revision    | topic of the manuscript:                      |
| publish  | <input type="checkbox"/> Grade D: Rejection                 | <input type="checkbox"/> Major revision    | <input checked="" type="checkbox"/> Advanced  |
|  |   | <input type="checkbox"/> Rejection         | <input type="checkbox"/> General              |
|  |   |  | <input type="checkbox"/> No expertise         |
|  |   |  | Conflicts-of-Interest:                        |
|  |   |  | <input type="checkbox"/> Yes                  |
|  |   |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

I revised the manuscript entitled "From bench to bedside: fecal calprotectin in Inflammatory Bowel Diseases (IBD) clinical setting" It is a very interesting manuscript. It is well written and will be of interest to the readers. I have no other comments and I

recommend its publication.

#### INITIAL REVIEW OF THE MANUSCRIPT

##### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### *BPG Search:*

- ☐ The same title
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- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 39711

**Title:** From bench to bedside: fecal calprotectin in Inflammatory Bowel Diseases (IBD) clinical setting

**Reviewer's code:** 03474080

**Reviewer's country:** Turkey

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-05-05

**Date reviewed:** 2018-05-15

**Review time:** 10 Days

| SCIENTIFIC QUALITY                          | LANGUAGE QUALITY                                      | CONCLUSION                              | PEER-REVIEWER STATEMENTS              |
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|   |   |   | <input type="checkbox"/> Yes          |
|   |   |   | <input type="checkbox"/> No           |

### SPECIFIC COMMENTS TO AUTHORS

I have reviewed the manuscript entitled "From bench to bedside: fecal calprotectin in Inflammatory Bowel Diseases clinical setting". It was well-written manuscript. It is suitable for publication. I have no additional recommendation.



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- ☐ Plagiarism
- ☐ No