

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41642

Title: Increased end-stage renal disease risk in patients with inflammatory bowel disease:
A nationwide population-based study

Reviewer's code: 03475636

Reviewer's country: United States

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-27

Date reviewed: 2018-08-28

Review time: 1 Day

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

This is an interesting study and I think overall, this is a well conducted study with good study design. However, I have several important comments. 1) Table 2 RE: Model 2: adjusted for model 1 + place of residence, income, diabetes mellitus, hypertension,



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dyslipidemia, congestive heart failure, ischemic heart disease, and gout and/or hyperuricemia What happens if you add type of treatment into the multivariate models since treatment type may play an important role. 2) Is it possible to show mortality data? Is it possible that patients with UC died before turned ESRD? or poor candidate for dialysis? 3) In discussion: - Please discuss that Crohn's disease is a cause of Enteric hyperoxaluria, recurrent urolithiasis, and systemic oxalosis PMID: 22366809 - Inflammatory bowel esp crohn's may lead to significant dehydration and electrolyte abnormalities and repeated AKI. PMID: 25599054 - Urinary anomalies, hematuria and proteinuria were found more in patients with crohn's disease than ulcerative colitis. PMID: 22303602 - Inflammatory bowel disease is an important cause of AA amyloidosis: Inflammatory bowel disease and systemic AA amyloidosis. PMID: 23371008, PMID: 12369137, PMID: 12069702 and PMID: 19689697 - IgA nephropathy is the most frequent kidney biopsy diagnosis in IBD and has a significantly higher diagnostic prevalence compared with all non-IBD kidney biopsy specimens. PMID: 24262508 Of note from this CJASN study, IgA nephropathy was the most common diagnosis (24% [20 of 83]), followed by interstitial nephritis (19% [16 of 83]); please discuss - rapidly progressive IgA nephropathy has been described in a patient with exacerbation of Crohn's disease PMID: 22866754 - There is now more reported association between inflammatory bowel disease (IBD) and an increased risk for the development of nonalcoholic fatty liver disease (NAFLD) PMID: 29697458 ; and NAFLD is associated with proteinuria and poor renal outcomes PMID: 29787418 and PMID: 29215435 Minor grammar comments as below: RE "interlukin-6" should be "Interleukin 6" RE previous study have; "study" should be "studies RE previous report have demonstrated; "report" should be "reports" RE "The 5-ASA therapy might not have a protective effect on the development of ESRD, but serve as a confounder that represent relatively mild-to-moderate activity of CD." "represent" should be "represents" RE "rare intractable disease" should be "rare,



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intractable disease"

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: 41642

Title: Increased end-stage renal disease risk in patients with inflammatory bowel disease:
A nationwide population-based study

Reviewer's code: 00057859

Reviewer's country: Italy

Science editor: Ruo-Yu Ma

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Review time: 13 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input 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
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		<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

the authors reported an interesting nation-wide study on the association between the IBD and end-stage renal disease. The results are impressive and the study is well written. I have only a minor comment: was the grade of ESRD evaluable at the time of the study?



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In other words, all patients were on renal replacement therapy at the time of the study or they have a various degree of ESRD? This could be useful to assess the risk of developing ESRD and, finally, the need for kidney transplantation.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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

BPG Search:

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- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No