

## PEER-REVIEW REPORT

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

**Manuscript NO:** 46440

**Title:** Ileal-anal pouches: A review of its history, indications, and complications

**Reviewer's code:** 03580207

**Reviewer's country:** China

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-02-16 01:11

**Reviewer performed review:** 2019-02-17 06:46

**Review time:** 1 Day and 5 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

This is a good review about ileal-anal pouches.

### INITIAL REVIEW OF THE MANUSCRIPT

*Google Search:*



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## PEER-REVIEW REPORT

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

**Manuscript NO:** 46440

**Title:** Ileal-anal pouches: A review of its history, indications, and complications

**Reviewer's code:** 03479673

**Reviewer's country:** India

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-02-17 14:20

**Reviewer performed review:** 2019-02-20 07:35

**Review time:** 2 Days and 17 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 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 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 checked="" 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

Dear Authors, Congratulations for this extensive and exhausting work done. Please correct below mentioned changes before finally accepting this article. 1) Use of acronyms like, ACPGBI. Please provide full names on first encounter then you may use acronyms in your article when they are mentioned second time. 2) Mention different



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approaches for RPC / IPAA surgery like one stage, tow stage and three stage surgeries. Additionally throw some light on management and outcomes in cases of acute emergency, on high dose steroid, malnourished in context of single stage /two stages or three stage surgeries. 3) There is no mention of studies which have shown how the “Quality of life” is after pouch surgery compared to before surgery. 4) Data on new techniques which are mentioned- robotic, TaTME, single incision laparoscopic surgery. Hope to see you soon this article sent again with revisions. Thank you very much.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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## PEER-REVIEW REPORT

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

**Manuscript NO:** 46440

**Title:** Ileal-anal pouches: A review of its history, indications, and complications

**Reviewer's code:** 03254778

**Reviewer's country:** United States

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-02-16 13:45

**Reviewer performed review:** 2019-02-22 14:03

**Review time:** 6 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 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 type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" 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 checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is a timely narrative and systematic review of the literature of the ileal pouch anal anastomosis procedure in adult patients. No new hypotheses were proposed. The work primarily targets surgeons and other medical professionals who care for patients with IPAA. This is an important topic that has far-reaching implications for this patient



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population. Although there are some unique insights, I anticipate further areas where the authors could expand, outlined below. The authors do a good job of identifying current problems and areas of study, though this could also be improved (see below). The authors make a good attempt at including grey literature. The main limitations of this work are not clearly identified. It is not clear to me where the authors would prioritize next research/study steps. This could be further developed in the conclusion section. Please find my specific comments below, shared in the spirit of improving this important manuscript:

- Was there a reason the authors chose not to do a meta-analysis? A line regarding this would be helpful. Alternatively, a meta-analysis would be powerful and timely.
- Did the authors use any guidelines in preparing their manuscript? PRISMA would be reasonable in this context (<http://www.prisma-statement.org/>).
- The methods section (page 5) seems out of place. This may be rectified by providing a more thorough (2-3 paragraph) introduction.
- The methods section is missing:
  - o Flow diagram of your study selection process through the different phases of systematic review (identification, screening, eligibility, included), including #s of records excluded for these reasons.
  - o Kappa statistic of reviewers
  - o Which proprietary software was used?
- Your abstract states no language restrictions, but in your methods section you state you exclude those records published in a language other than English. Please clarify.
- A small clarifying comment would be helpful under indications: I think you may mean to state that RPC w/IPAA is indicated for those who have undergone colectomies for ulcerative colitis, FAP, etc, not for the primary pathology (UC,FAP) themselves.
- Under the ulcerative colitis heading, you might consider calling out steroid-dependent disease. While this is captured in 'fail to tolerate medical treatment', it is a common indication that could help surgeons in their discussions with gastroenterologists.
- The oft-repeated statement '1/3 of UC patients will require surgery at some point' is now 30+ years old. Your highlighting this dogma

would be helpful for future research directions. How has this changed with the advent of biologic medications (which have now been in use 20+ years)? With respect to hospitalization trends? Other factors? • The authors quote a handful of papers more than the others referenced. A tabled overview of papers, such as one seen in other meta analyses, systematic reviews, and narrative reviews, highlighting populations, study quality, etc is needed. • Are different patterns of complications seen by indication? Is there data? • Please provide reference to your statement beginning ‘most surgeons would agree’ on page 9. • Please provide reference to your statement that a majority of pouches are fashioned for UC in your opening paragraph of the conclusion. • The arrow is not apparent on figure 2a.

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