

## PEER-REVIEW REPORT

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

**Manuscript NO:** 46715

**Title:** Nested case-control study on risk factors for opportunistic infections in patients with inflammatory bowel disease

**Reviewer's code:** 00070062

**Reviewer's country:** Romania

**Science editor:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-02-22 16:35

**Reviewer performed review:** 2019-02-22 16:53

**Review time:** 1 Hour

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
<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 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 article represents a prospective follow-up of patients with IBD and 28% had opportunistic infections, the most frequent being *Clostridium difficile* and RSV. The immunosuppressants or their combination with other drugs increased the risk of infection.



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Severity of the disease or high calprotectin were risk factors for infection. The article is well written and well conducted, completing data largely debated before.

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

##### ***Google Search:***

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

##### ***BPG Search:***

- ☐ The same title
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- ☐ No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 46715

**Title:** Nested case-control study on risk factors for opportunistic infections in patients with inflammatory bowel disease

**Reviewer's code:** 00073640

**Reviewer's country:** Slovenia

**Science editor:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-02-22 05:52

**Reviewer performed review:** 2019-02-28 15:55

**Review time:** 6 Days and 10 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 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 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 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

The title/subject is interesting and topical, the manuscript is well structured and well written. However, I am very confused regarding the design of the study and the data analyzed. In Patients and methods section (study design and patient population)

authors explained that in the prospective study 301 IBD patients with various opportunistic infections were included. However, they did not explain how opportunistic infections were diagnosed, when and what analyzes were performed to confirm particular infection – authors mentioned only that »at every clinic visit, subjects were given a questionnnaire regarding infections.« What does this mean? Do authors have any data from laboratory test? Was control goup of patients tested on opportunistic infection or were selected based on a questionnnaire? In Results section authors explained that severe disease activity in IBD was associated with an increased rate of opportunistic infections (point 2). However, authors did not provide any information about how severe disease activity was measured, which criteria were used and most importantly, when severe disease activity was evaluated. Similarly, in Results section point 3 authors state that fecal calprotectin was associated with increased rate of opportunistic infections and again, they did not provide any data about when, why and how fecal calprotectin was measured. All above mentioned information are key information – without them scientific value of this study can not be evaluated.

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

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### ***BPG Search:***

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[ ] Plagiarism

[ Y ] No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 46715

**Title:** Nested case-control study on risk factors for opportunistic infections in patients with inflammatory bowel disease

**Reviewer's code:** 00503587

**Reviewer's country:** New Zealand

**Science editor:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-02-25 20:53

**Reviewer performed review:** 2019-02-28 23:56

**Review time:** 3 Days and 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" 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 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 checked="" 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

this study focused on the factors that might influence opportunistic infections in a group of patients with IBD

**SPECIFIC COMMENTS 1.** The stated AIM in the ABSTRACT is to assess rates of infection in CHINA. hOwever, we later discover that this is just one centre.

While this may establish the patterns in Chinese patients, it doesn't tell us what happens throughout China 2. The word unicentral would be best replaced with a standard term: single centre 3. The methods of the ABSTRACT contains results - the numbers of subjects are results and need to be moved accordingly 4. The patient number is listed as 309, 301 and 249. This needs to be corrected 5. Some infections (e.g. RSV) can be more commonly seen in infants and preschool children. The presence of children at home should be considered a potential factor also 6. In the INTRODUCTION, by saying recurrence of IBD, do the authors mean relapse or return of symptoms. IBD as an incurable disease can not recur - it is always present 7. The INTRODUCTION could be shortened a little and more focused. 8. As above, the METHODS section also contains results: these must be moved as above 9. Bacterial names must be listed in standard format 10. In the second sentence on page 5 the authors do not need to say "no statistically significant", as they already provide a p value of  $>0.05$  11. The rEsults section on pages 6 and 7 treats severity and FC levels separately. Are these not related? Further FC of  $>200$  is not that high. Did the authors do a dose-relationship with FC? 12. Further, is a high CRP or ESR greater than the normal range? was there ANY LINEAR RELATIONSHIP? 13. The DISCUSSION covers good material. Some of the paragraphs are too long and the text could be shortened and focused more There are many errors of English language usage or word usage/grammar that need to be all corrected

## INITIAL REVIEW OF THE MANUSCRIPT

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- ☐ No



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[ ] Plagiarism

[ Y ] No