

## ANSWERING REVIEWERS



September 13, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4964-review.doc).

**Title:** Clinical significance of serum procalcitonin in patients with ulcerative colitis

**Author:** Shigeo Koido, Toshifumi Ohkusa, Kazuki Takakura, Shunichi Odahara, Shintaro Tsukinaga, Toyokazu Yukawa, Jimi Mitobe, Mikio Kajihara, Kan Uchiyama, Hiroshi Arakawa, Hisao Tajiri

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

**ESPS Manuscript NO:** 4964

The manuscript has been improved according to the suggestions of reviewers:

### **Reviewer #1 Major revision**

This is an interesting paper. Several points should be clarified.

1. Subject numbers are too small to be evaluated.

#### **(Response)**

As suggested, subjected numbers are too small. We mentioned this point and discussed in Discussion. We would like to do in future study.

2. In Figure 1A. Healthy group and severe group should be compared. In Figure 1B, C, and D. Healthy group should be included.

#### **(Response)**

As suggested, we compared healthy group and severe group in Figure 1A and corrected it. WBC count was examined in some healthy volunteers in this study were examined (Figure D). Moreover, CRP levels were examined in only 1 healthy volunteer (Figure 1B). The data was included in Figure 1. Moreover, in Figure legends, we mentioned the normal limits for inflammatory variables based on our laboratory reference (CRP 0.0-0.3 mg/dl, WBC 3300-8600 count/ $\mu$ L, and ESR 2-19 mm/h).

### **Reviewer #2 Accept**

Thank you for your contribution to management of ulcerative colitis. I suggest several things. 1) How did you manage the severe UC patients? Do you have any data on the level of procalcitonin after treatment of severe UC? 2) I recommend to next study about the results of treatment after following this category of procalcitonin level.

**(Response)** We do not have any data on the level of procalcitonin after treatment of severe UC. We would like to do the important things in next study. We mentioned it in Discussion section.

### **Reviewer #3 Minor revision**

COMMENTS TO AUTHORS The strength of this study lies in the fact that it is a clean straight study. The stats are appropriate and the manuscript is well written.

1. Please remove this line and reference, 'Moreover, diagnostic procedures such as endoscopic findings are poorly corrected with UC activity [2].' I feel this isn't really the right context for the reference. Endoscopy remains the gold standard to define mucosal inflammation according to every single guideline published in the last decade and very much forms the basis of this study.

**(Response)** As suggested, we removed the sentence and related reference.

2. Re normal limits = WBC<8500 count/ $\mu$ L. A range should be given. Less than 8500 implies that a hypothetical count of WCC of 1000 (one may severe immunosuppression) is normal.

**(Response)** As suggested we mentioned it MATERIALS AND METHODS section.

3. Can the PCT level be affected by concomitant therapies/ treatments – although briefly mentioned please discuss this to educate the readership Measuring CRP in UC merits a few lines in the discussion section.

**(Responses)** As suggested, we discussed it in DISCUSSION section.

4. Procalcitonin levels in other disease states should be part of the discussion as well Figures.

**(Responses)** As suggested, we mentioned it in INTRODUCTION and DISCUSSION section.

5. I remain unsure of the regression figure CRP v procalcitonin – this could be removed. On the same I remain most unsure of the paragraph on CRP and procalcitonin as a separate important point – CRP wasn't significantly raised as per study so it really isn't that important for the purposes of this study – this paragraph should be replaced with the endoscopic scoring and relating Procalcitonin with disease (and ROC curve as given below). Regarding the figure showing AUROC, I am a bit lost as I will be most keen to see a ROC curve or a graph which ably demonstrates severity of disease in relation to procalcitonin rather than CRP. Considering the Love and Witt's scoring it could be tricky to use a scale of 1-3

**(Response)** I agree the reviewer's suggestions, thus we removed Figure 2 and results of "CRP v procalcitonin" and replaced with the endoscopic scoring and relating Procalcitonin with disease in Figure 3.

Our manuscript was edited and formatted to *World Journal of Gastroenterology* style by American Journal Experts: <http://www.journalexperts.com>.

We are enclosing the entire revised manuscript, Figures and Tables. The underline in the manuscript indicates the changes.

We do appreciate the time and effort that the reviewers have put into helping us with this manuscript

and we hope that it is now suitable for publication in *World Journal of Gastroenterology*.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, reading "Shigeo Koido". The script is cursive and fluid, with the first name "Shigeo" and last name "Koido" clearly distinguishable.

Shigeo Koido, M.D.

Division of Gastroenterology and Hepatology,

Department of Internal Medicine,

The Jikei University School of Medicine, Tokyo, Japan

163-1 Kashiwa-shita Kashiwa, Chiba 277-8564 Japan.

**Fax:** +81-4-7163-3488.

Shigeo\_koido@jikei.ac.jp