



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 49807

**Title:** Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

**Reviewer’s code:** 02446483

**Reviewer’s country:** Canada

**Science editor:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-06-25 11:14

**Reviewer performed review:** 2019-06-25 13:09

**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 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**

The manuscript is an excellent report of data using modern technologies to track patients experiences. Inflammatory bowel disease (IBD) can be excessively stressful for patients



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and health care providers. In this clinical trial, Munkholm's group addressed a niche in the world of patients with IBD. Involving patients with IBD in their disease by home monitoring of disease activity, has been shown to bring IBD patients significantly faster in remission. The authors randomized 102 IBD patients to screen for disease activity either every third month or whenever the patients felt a need for screening on the [ibd.constant-care.com](http://ibd.constant-care.com) web-application for one year. The authors found that the two screening procedures were equally good in capturing a relapse and bringing about remission. The authors may emphasize more the difference between children and adults.

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

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

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**Title:** Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

**Reviewer's code:** 03478404

**Reviewer's country:** Romania

**Science editor:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-06-26 12:36

**Reviewer performed review:** 2019-06-30 09:37

**Review time:** 3 Days and 21 Hours

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 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
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**SPECIFIC COMMENTS TO AUTHORS**

Telemedicine represents a modern concept in IBD and not only. In this manuscript, the authors reported results of adult patients with IBD using home self-monitoring of



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disease activity, by electronic health screening procedure for their disease activity, either every third month (3M) or according to patient own decision, on demand (OD). Both groups were screened not only by clinical indices of activity (in both UC and CD), but also by a validated fecal calprotectin home test. In addition, questionnaires regarding quality of life, fatigue and medical compliance were also included. Neither difference between groups was found regarding mean time spent in remission, overall relapse rates, time to a severe relapse and remission, nor regarding medical compliance, fatigue and quality of life. Only the median number of fecal calprotectin home-monitoring tests/patient was significantly higher in the 3M group, but it concerned mainly patients in the green zone (meaning remission). Given these outstanding results showing that the “On Demand” screening system to self-monitoring IBD is more cost-effective, this system was already implemented by authors in their area since June 2018 and it seems it is working very well. This system could be implemented in other centres too, leading to huge savings for the health care system, but also saving patients’ time for medical visits. According to this study, patients were satisfied with the method. Title, Core-tip and background (including the authors’ personal published experience regarding screening of disease activity using electronic health or mobile health applications and telemanagement) are appropriate. Material and methods are presented in detail, including study design and data analysis. Results are supported by figures and tables of excellent scientific quality and very illustrative. Discussion paragraph is well written, including strengths and limitations. Although I am not a telemedicine fan, I have to say this paper is very good and useful for practice. Minor comments: 1. Please include among references (and discuss) the following: “Bossuyt P, et al. E-health in inflammatory bowel diseases: More challenges than opportunities? Dig Liver Dis. 2017;49(12):1320-1326.”. 2. Lines 90-92: “Inflammatory bowel disease (IBD), which includes ulcerative colitis (UC) and Crohn’s disease (CD), are chronic inflammatory



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diseases of the gastrointestinal tract that result from interactions of the intestinal immune system and the gut microbiome[1].” Environmental factors should be included, as well as epigenetics, otherwise interactions are not correctly defined. 3. Lines 105-106: “Close monitoring of disease activity is vital for optimizing Individualized treatments and to potentially improve the long-term disease course.” Indeed, but mucosal healing is the standard aim of care and this home-monitoring does not allow to fulfil this aim. Many patients in clinical remission have endoscopic lesions and (in Crohn’s disease) transmural lesions, including strictures and penetrating disease, without necessarily being symptomatic. Fecal calprotectin may be a surrogate marker for mucosal inflammation, but this is a valid option especially in ulcerative colitis, which is a mucosal disease. Crohn’s disease is transmural and fecal calprotectin is less useful for small bowel disease. No exact information is therefore provided about mucosal (and eventually transmural) healing. Patients have to be examined clinically and endoscopically, ideally also by imaging techniques (especially in Crohn’s disease), on a regular basis (i.e. every 3-6 months, depending on age, type of disease, complications and so on). These are my concerns regarding telemedicine, but the authors included those limitations in the Discussion paragraph. Maybe authors should insert that “this home-monitoring system is not the requested one by the existing guidelines”. 4. Lines 112-117: Participants: inclusion criteria. Recruited patients were only in clinical remission or mild-to-moderate disease, according to clinical scores. Endoscopic and/or transmural activity of the disease were not assessed. Please explain. 5. I wonder how many of these patients (in both arms) were examined endoscopically and/or by imaging techniques and found with important lesions (while being in clinical remission and having normal fecal calprotectin levels), AFTER THE END of the study.

**INITIAL REVIEW OF THE MANUSCRIPT**



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

**Manuscript NO:** 49807

**Title:** Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

**Reviewer’s code:** 00054993

**Reviewer’s country:** Austria

**Science editor:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-06-28 10:23

**Reviewer performed review:** 2019-06-30 13:32

**Review time:** 2 Days and 3 Hours

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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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**SPECIFIC COMMENTS TO AUTHORS**

The criteria checklist can be answered in every point positive. In this randomized clinical trial the use of an electronic health screening procedure testing for disease



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activity in IBD on demand (n=50) or at fixed intervals of 3 months (n=52) was investigated prospectively over a period of 1 year. A total of 130 patients with IBD were assessed for eligibility, finally 88 patients completed the prospective study after one year. Authors could show the feasibility of eHealth home monitoring in IBD patients on conservative treatment (what has been shown and published earlier already). Even in elaborate analyses no differences between the two patient groups could be shown, except for the fact, that screening on demand needed significantly less fecal calprotectin test-kits per patient (4 kits instead of 6). On demand IBD activity screening therefore is recommended by the authors. Major critique: Results apply for a highly selected group of patients in Denmark (Danish language mandatory) only with access to the world wide web and appropriate skills. Even out of this selected group only 88 of 130 screened patients came into final analysis (68%). What are the costs for a CalproSmart test kit and how much money could be saved by the On Demand-screening procedure?

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[ Y ] No