

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 51298

Title: Disease monitoring strategies in IBD: what do we mean by 'tight control'?

Reviewer's code: 00503405

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Senior Lecturer, Senior Scientist

Reviewer's country: Hungary

Author's country: Canada

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-09-08 10:34

Reviewer performed review: 2019-09-09 18:08

Review time: 1 Day and 7 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

The authors of this review aimed to critically discussed the pros and cos of current



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therapeutic paradigms of IBD including 'early intervention', 'treating to target' and 'tight control'. The review is well written, the different therapeutic strategies are all well described, the advantages and disadvantages of them are properly summarized, and at the end an expert opinion is also presented to the readers. Only minor typos must be corrected: in abstract "imflammatory >>> inflammatory", in page 7. "beeing >>> being", in page 8. "hiba, könyvjelző nem létezik", in page 15. "cross sectional >>> cross-sectional". After correcting the typos I suggest to accept the manuscript as it is.

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: 51298

Title: Disease monitoring strategies in IBD: what do we mean by 'tight control'?

Reviewer's code: 03373346

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's country: Japan

Author's country: Canada

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-09-09 07:53

Reviewer performed review: 2019-09-10 03:50

Review time: 19 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 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

The manuscript by Lorant Gonczi et al. describes the review of the targets for the



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treatment with IBD. The target to treat and monitoring for IBD are widely discussed.
This manuscript might be useful for IBD clinicians.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:

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- ☒ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 51298

Title: Disease monitoring strategies in IBD: what do we mean by 'tight control'?

Reviewer's code: 00039316

Position: Editorial Board

Academic degree: FEBG, MD, PhD

Professional title: Associate Professor

Reviewer's country: Greece

Author's country: Canada

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2019-09-09 17:33

Reviewer performed review: 2019-09-11 07:19

Review time: 1 Day and 13 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 checked="" 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 checked="" 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

The manuscript entitled "Disease monitoring strategies in IBD: what do we mean by



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'tight control'?" is a review of accumulating evidence on IBD disease monitoring strategies, written by authors that have substantially contributed to the understanding of this topic. It is a concise report with scientific merit; however, there is no novelty in this manuscript. There are multiple similar reviews in the literature, thus, the benefit from another one for the average physician is questionable. I would recommend to focus only in the real world data to provide more detailed evidence on how these data compare to RCTs and how these data may influence decision making

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 51298

Title: Disease monitoring strategies in IBD: what do we mean by 'tight control'?

Reviewer's code: 00036225

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's country: Austria

Author's country: Canada

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-09-08 10:28

Reviewer performed review: 2019-09-13 13:51

Review time: 5 Days and 3 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

This is a generally well written and up-to-date review of the treat-to-target concept in

IBD. The main problem from my point of view is that reviews like the one under review, somehow propagate to pursue various goals and to use of tight control to meet these goals without (1) clearly committing that there is no sufficient direct evidence from RCTs showing that treatment intensification in asymptomatic patients solely based on the presence of ill-defined parameters reflecting inflammation has beneficial effects on long-term outcome and (2) without concretely saying what the precise therapeutic consequences (including the absence thereof) in which patients in current everyday practice are. Authors refer to mucosal (or endoscopic) healing as generally accepted treatment goal. However 1. There are no RCTs proving evidence that medical treatment of endoscopic lesions or laboratory parameters in asymptomatic patients (except postoperative situation) has beneficial effects on disease course. (The CALM study used a composite of clinical and laboratory parameters to trigger treatment intensification) 2. Endoscopic healing may just reflect a milder disease course. [Compare also Current ECCO Guidelines UC: "Whereas mucosal healing correlates with improved clinical outcomes, it has not been demonstrated that treatment approaches specifically targeting mucosal healing as an endpoint are themselves associated with improved clinical outcomes, and it is possible that patients achieving mucosal healing in such studies represent a subgroup with less aggressive disease."] 3. The observation that patients without endoscopic lesions (or other signs of inflammation) have a favorable prognosis does not imply that treatment should be intensified until signs of inflammation have disappeared. Apparently as a consequence of these uncertainties the manuscript leaves a somewhat vague or even contradictory impression: On the one hand authors say the "need for applying endoscopic targets as primary therapeutic endpoints is clear" then they say "further clinical trials are needed to demonstrate the long-term superiority of treating to endoscopic remission" and finally they state that "these approaches require further validation...". I think the authors should better

separate the relevant targets, endpoints and strategies used in clinical trials from what is ready and recommended for everyday practice. The authors frequently use the term “highly effective” therapy. Unfortunately, there is no “highly effective” therapy for IBD, given that (1) in controlled treatment studies the primary endpoint is usually achieved only by a minority of patients (and by patients in the respective placebo groups, with a resulting NNT) (2) loss of response is common and (3) effect on long-term disease course is limited (4) of course, disease cannot be healed. Authors say that similar outcome despite less biological use in eastern countries suggests suboptimal disease monitoring. This interpretation is at least incomplete and not supported by quoted data. How would data look like when biological use had no influence on long-term outcome? The authors should provide a more balanced interpretation of the facts. The authors say that intensive therapy had no more adverse effects in the CALM study. They should add that there may (of course) be an increased risk of adverse events when combined immune suppression is used for a longer period of time. Concerning the CALM study authors could also state that a combination of symptoms and two separate biomarkers were examined to elicit treatment intensification, which does not allow recommendation of a single target upon which therapeutic changes are based. Minor There are some orthographic mistakes/typing errors.... E.g., ...the past t two decade has brought... ...IBD is..... (IBD is used in the manuscript as abbreviation of inflammatory bowel diseases)data suggest that UC also present.... The most commonly definition....is defined as..... This further stengthen the fact.... Several study demonstrated.....and have..... ...with a traditional step-care algorithm.... FCAL may prediecte clinical ...

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