

Dear Editor and Reviewers

Thank you for your comments and opportunity to clarify our data.

We made changes to the text in order to better clarify the doubts in the paper and we will also answer the questions below.

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**Title:** Prevalence, phenotype and medication for the Paediatric Inflammatory Bowel Disease population of a State in Southeastern Brazil

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#### **Reviewer**

This MS focuses on a cross-sectional analysis of children (<17 y) in one area of Brazil  
SPECIFIC COMMENTS

1. It does appear that the assessment of the cases was just at diagnosis. There was no indication of the course of disease over time. Given that the period of time was almost a decade ago, there would be opportunity to elucidate the patterns at and since diagnosis

**Answer:** Data were retrieved from the Public Medication-Dispensing System of the Department of Health in Espírito Santo state by carried out through from documentation required in order to have access to highly expensive medication.

Therefore, the disease phenotype refers to the complementary exams evaluated at the time of drug request.

Despite the elapsed time, we believe it is important to publish this data, so that in the future we can better understand the history and evolution of IBD in Brazil. In addition to Espírito Santo being one of the states with the highest prevalence of IBD in the country (with data that may reflect other regions) the State has similar data published for adults in the same period for comparison purposes. It should be noted that pediatric IBD data are unpublished in Brazil and the access to the availability of these public data occurs in a delayed way in the country and for all this context, the knowledge of the publication of these findings will be of relevance for the adoption of public health policies in the future.

In Brazil, we have already observed an increase in incidence and prevalence in adults.

2. It was not clear why this work focused on people diagnosed 2012/2014? Why did the data not focus also on more recent times?

**Answer:** This pediatric data are part of a previously published study **in adults**. This period (2012-2014) corresponds to a time when data collection was possible and couldn't be updated. Despite the time elapsed, as pediatric IBD data in Brazil are unpublished and we have similar data published for adults in the same period for comparison purposes, knowledge of these findings will be relevant for the adoption of public health policies in the future.

3. Whilst a pharmacy database might be helpful, it was not clearly displayed that this approach has/had a strong validity. Were pathology or clinical databases cross-checked to confirm that the primary identification of patients was comprehensive?

**Answer:** The data included personal documents, medical reports, endoscopy exams, histopathology and imaging tests. Therefore, only confirmed cases of IBD are included in the study.

4. The report focused on just 55 children: relatively small sample size .

**Answer:** The small sample already portrays our low prevalence and our data are real, since private treatment is so expensive in our country.

**Answer:** Brazil has 27 states and the findings of one state may reflect those of others. Portraying the reality of the diseases in our state in the Southeast region (Brazil) and being a comparative mirror with other regions.

5. The report focused on the patterns in the children and compared to the adult datas.

**Answer:** Phenotypic and behavioral data were compared with diagnosis at the time of drug request. There was no evaluation of the evolution of the disease in any of the groups (Adult and Pediatric)

6. U-IBD is usually seen as IBDU

**Answer:** we will make correction.

7. The term CD patients must be changed to read "patients with CD". Same for other similar terms .

**Answer:** we will make correction.

8. There are numerous awkward sentences or phrases that need revision and correction. As just one example (of many), this part of the ABSTRACT is unclear: "Although the incidence and prevalence have low rates of ES...."

**Answer :** We will improve the sentences

9. What is meant by the word: propedeutics?

**Answer:** Propaedeutics characterizes a set of techniques and exams to collect data and initial diagnoses. We will replace the word.

10. Paris classification would typically be used for children

**Answer:** We choose to use the Montreal classification because the initial study covered all ages. We observed the use of Montreal classification in other studies involving both age groups.

11. Limitations would be expected to be elsewhere in a MS: these are not METHODS as to how the study was conducted

**Answer:** If it's still not clear, we can try to elaborate. (Attached below the text)

At the Pharmaceutical Assistance every request for dose increase, medication addition or medication change is reevaluated by the responsible physician of the sector (in this case on of the author).

"In medication-dispensing services the evaluation is conducted by a gastroenterologist doctor, in this case, the author of the research, who was responsible for dispensing the medication for IBD, and data analyzed was obtained through the analysis of administrative requests of these medications, and included personal identification documents, medical reports, endoscopy exams, histopathology and imaging tests, which followed the Clinical Protocols and Therapeutic Guidelines of the Brazilian Government."

12. RESULTS section needs subheadings throughout

**Answer:** we will make arrangements.

13. The RESULTS says that there were only 31 new cases of IBD in children, with a number of existing cases. It is not clear how these figures shown reach the number of 55 children in the end? Surely some of the 22 patients registered in the second year were those that were diagnosed in the first year?

**Answer:** We will clarify the text.

14. The last part of the RESULTS just refers solely to tables.

**Answer:** We will improve the text of results.

15. Was there data on ethnicity? Family history? Nutritional status? Diagnostic delay? It would be great to be able to comprehensively describe the group.

**Answer:** Only the data previously contained in the forms could be collected (phenotype and behavior).

16. Disease location relies on full assessment at diagnosis (upper and colonoscopy, and MRE).

**Answer:** Perfect. It would be ideal.

In our "Study limitations" we explain about our difficulties.

"The study was conducted with secondary data and some information may not be complete. Not all patients with CD included in the study had an upper gastrointestinal endoscopy/biopsy, or magnetic resonance, or medical reports and few older documents have been damaged due to time, making it impossible to define the localization of the disease in some cases. "

17. The DISCUSSION could be greatly enhanced by careful revisions: this would improve readability and flow. Single sentences are not paragraphs.

**Answer:** We will improve the text.

Thanks

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