

## PEER-REVIEW REPORT

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

**Manuscript NO:** 80294

**Title:** Are we ready for telemonitoring IBD? A review of advances, enablers, and barriers.

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03580207

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Chief Physician

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Spain

**Manuscript submission date:** 2022-09-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-28 02:18

**Reviewer performed review:** 2022-10-03 02:10

**Review time:** 4 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This is a good review about the telemonitoring IBD. Telemonitoring IBD is well accepted and improves clinical outcomes at a lower cost in the short-term. Funders, policymakers, providers and patients need to align their interests to overcome the emerging barriers for its full implementation. However, there are some problems that need to be supplemented and improved. 1. What are the criteria for selecting 19 out of 96 research reports? 2. Table 2 Is there any app software for IBD research on mobile phones? 3. Are there any specific data on health economics?

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**Reviewer's code:** 06120768

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Associate Research Scientist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Spain

**Manuscript submission date:** 2022-09-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-28 01:35

**Reviewer performed review:** 2022-10-03 05:32

**Review time:** 5 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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## SPECIFIC COMMENTS TO AUTHORS

Overall opinion: remote monitoring and telemedicine for IBD is an emerging topic. Especially in the context of COVID-19, it is highly relevant to the health of the IBD population. This paper is very interesting and valuable in terms of topic selection. However, there are a number of problems in writing. So this paper needs to be overhauled before it can be considered for publication. 1) As a review, this paper uses a search strategy and nadir criteria. Therefore, a flowchart is needed as supplementary material to better describe the process. 2) The search process of "Materials and Methods" in the abstract takes up too much space. In fact, this part only occupies about one-third of the text. The other two-thirds of the text is written according to a different search and construction approach. Specific legal, ethical, economical, and logistic issues are briefly described. The latter is of more interest to the reader. Therefore, the abstract needs to be rewritten. 3) The logic of the article narrative is dubious: as the main concept of this paper, the definition and scope of telemonitoring should be presented in the introduction, not in subsection 2.2. 2.1 should be written as a separate subsection in order to give a brief history of the development of telemedicine and telemonitoring. A strategy of moving from the old to the new should be adopted in the description of telemonitoring programs, not the other way around. 4) As in the case of the problem described in 2). The majority of the 19 papers included appear in Part 2 of the paper. Therefore a detailed search approach needs to be added in the body of part 2. Alternatively, it could be considered as supplementary material and cited in the main text. 5) There are actually three different diagnostic models in telemonitoring. 1, Patient self-diagnosis, mainly through PROMs, standard diagnoses at home, etc. Patients can

use the instructions to determine disease activity and make decisions on their own. 2, Remote physician diagnosis. Through the patient's own upload, or automatically collected data, the physician remote reading and advice. 3, computer model-assisted diagnosis. Patients' risk level is determined by multiple monitorable indicators and informed to the physician or patient, which can be combined with 1 and 2. The authors should enumerate and discuss these three models separately.