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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 89368

Title: Is tumor necrosis factor-α monoclonal therapy with proactive therapeutic drug monitoring optimized for inflammatory bowel disease? Network meta-analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01587889
Position: Editorial Board
Academic degree: MD, MSc, PhD
Professional title: Academic Editor, Consultant Physician-Scientist, Professor
Reviewer's Country/Territory: United States
Author's Country/Territory: China

Manuscript submission date: 2023-10-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-31 00:41

Reviewer performed review: 2023-10-31 01:18

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Fangyuan Zheng et al is a systematic review and network meta-analysis to determine the efficacy and safety of proactive therapeutic drug monitoring (TDM) of TNF-α mAbs in patients with IBD and to determine which subtype of IBD patients were more suitable for proactive TDM intervention. The review searched randomized trials (RCTs) and observational studies in PubMed, Embase, and Cochrane engines to compare proactive TDM of TNF-α monoclonal with reactive TDM or empiric therapy. Pairwise and network meta-analyses were used to determine the IBD patient subtype that led to clinical remission and to determine the need for surgery. The review yielded 13 studies after exclusion, and the baseline indicators were balanced. They found that the studies with a significant increase in patients that reached clinical remission included Adalimumab (ADA) and randomized trials (RCT) subgroups and showed a significant decrease of patients that needed surgery in proactive vs. reactive and Infliximab (IFX)+ADA subgroups, and the overall risk of adverse events was reduced from pairwise meta-analysis. Moreover, network meta-analysis outcomes suggest that patients with IBD treated with ADA are more likely to undergo TDM, especially in comparison with

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patients with reactive treatment. The study concluded that IBD patients treated with ADA are more suitable for proactive TDM and have obvious advantages compared with reactive TDM and recommend proactive TDM in IBD patients treated with ADA. This systematic review and network meta-analysis is well analyzed by PRISMA guidelines and registered with the PROSPERO website. Appropriate five figures, two tables, and forty-four citations supported by additional supplementary data available at WJG online.

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Reviewer's code: 03837089
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Taiwan
Author's Country/Territory: China

Manuscript submission date: 2023-10-29

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2023-11-21 14:38

Reviewer performed review: 2023-11-29 08:07

Review time: 7 Days and 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, After reviewing this study, I have no major concern to this study but have two minor issues. 1. The conclusion of result section had poor correlation to the above discussion. Please modify the discription. 2. Some grammar errors were found in the main text.