

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9896

Title: Surgical treatment of Ulcerative colitis: Ileorectal vs. Ileal pouch-anal anastomosis.

Reviewer code: 00068472

Science editor: Gou, Su-Xin

Date sent for review: 2014-03-03 17:41

Date reviewed: 2014-03-05 17:34

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors review and compare the results of surgical treatment with ileo-rectal anastomosis (IRA) and ileal pouch-anal anastomosis (IPAA) of ulcerative colitis, discussing postoperative morbidity, mortality, surgical failure rates, functional outcomes and rectal cancer risk. Special comments? The authors should discuss in more detail the clear-cut indications of both ileo-rectal anastomosis (IRA) and ileal pouch-anal anastomosis (IPAA) procedures. ? The authors should spend more time to discuss the cancer risk after both procedures. There is an apparent discrepancy regarding the first sentence in Introduction section ("The main goals of surgical treatment for ulcerative colitis (UC) are to alleviate symptoms and minimize cancer risk") and the relative high cancer risk after IPAA (up to 4% at 20 years) and particularly after IRA (up to 14% after 20 years). ? Two tables should be added summarizing the main complications of both procedures. ? Another table should be added comparing the advantages and disadvantages of the two procedures. ? A number of spelling errors should be corrected.

Author response:

First, we thank the reviewer for his comments. Below a point-by-point response to the reviewer's comments.

1. The authors should discuss in more detail the clear-cut indications of both ileo-rectal anastomosis (IRA) and ileal pouch-anal anastomosis (IPAA) procedures. ?

We have now added a more detailed description of the clear-cut indication of both surgeries in the beginning of

the 'Conclusion' section. This section now reads as follows:

'Therefore, IPAA should certainly be performed when the rectum is actively involved in the disease or when dysplasia or cancer are present in any part of the colon or rectum. Nonetheless, there is still a role for IRA and TPC for selected patients and for patients not candidates for IPAA.'

Total abdominal colectomy with IRA is justified in UC patients with normal anal sphincters tone without severe perineal disease, and spared and distensible rectum with no evidence of dysplasia or cancer at the time of intervention. It can be also proposed to young women as a possible interim procedure based on concerns for infertility after IPAA.'

2. The authors should spend more time to discuss the cancer risk after both procedures.

We have now added a more detailed discussion on the risk of cancer of both groups, and also added an additional table that compares the risk in both groups (Table 4). The particular section now reads as follows:

"The risk of cancer is of particular concern in the comparison between these two techniques. Current evidence shows a large variation in the reported rates of cancer after IRA from 0% to 8%. For IPAA, this risk is much smaller, and two large series have shown a rate of cancer of about 0.3%. Few studies have calculated the cumulative risk of cancer as well. Similarly, estimated cumulative risk of cancer after 20 years was higher after IRA (6% to 14%) compared to IPAA (4.2%) (Table 4)."

3. There is an apparent discrepancy regarding the first sentence in Introduction section ("The main goals of surgical treatment for ulcerative colitis (UC) are to alleviate symptoms and minimize cancer risk") and the relative high cancer risk after IPAA (up to 4% at 20 years) and particularly after IRA (up to 14% after 20 years). ?

We have now revised this sentence to not only include the upper limits of the estimated cumulative risk of cancer, but to include a more detailed discussion about the absolute rate of observed cancer as well as the full range of the estimated cumulative risk (see our response to your previous comment). We hope that by doing this we can give the reader a more balanced overview of this topic. Also, by adding an additional table we give an easier way to compare the risk of cancer between the two interventions (Table 4).

4. Two tables should be added summarizing the main complications of both procedures. ?

We have now added this table as suggested by the reviewer (Table 1 and 2). We also added an additional table comparing the risk of cancer after both interventions (Table 4).

5. Another table should be added comparing the advantages and disadvantages of the two procedures. ?

We have now added this table as suggested by the reviewer (Table 3).



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

6. A number of spelling errors should be corrected.

We have now reviewed the spelling and corrected all errors that we identified.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9896

Title: Surgical treatment of Ulcerative colitis. Ileorectal vs. Ileal pouch anal anastomosis. Current evidence.

Reviewer code: 02445675

Science editor: Gou, Su-Xin

Date sent for review: 2014-03-03 17:41

Date reviewed: 2014-03-13 19:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper addresses an important issue such as the surgical treatment of Ulcerative colitis and reviews the outcomes of the main surgical techniques in this clinical setting. The authors review and compare the most recent literature on the Ileorectal and ileal pouch-anal anastomosis (IPAA) describing the 2 different procedures and the therapeutic benefits, side-effects and potential complications due to the surgical approaches. Although the paper is not an original article, I consider it suitable for publication on WJG.

Author response:

We thank the reviewer for his comments.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9896

Title: Surgical treatment of Ulcerative colitis. Ileorectal vs. Ileal pouch anal anastomosis. Current evidence.

Reviewer code: 01799104

Science editor: Gou, Su-Xin

Date sent for review: 2014-03-03 17:41

Date reviewed: 2014-03-15 05:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The discussion on IRA and IPAA is informative to the gastroenterologists. Would it be better if there is a table with comparison between two procedures on complications and cancer risk? Multiple typing errors are found throughout the text. Most of them are no blank space between two words. In the abstract, the abbreviation of IPAA should be in the first line at its first appearance.

Author response:

We thank the reviewer for his comments. Below a point-by-point response to the reviewer's comments.

1. Would it be better if there is a table with comparison between two procedures on complications and cancer risk?

We have added a table comparing the cancer risk between the two interventions (Table 4). We also added an additional paragraph to the 'Conclusion' section, in which we compare the risk of cancer after the two interventions in more detail.

2. Multiple typing errors are found throughout the text. Most of them are no blank space between two words.

We apologize for this inconvenience. We have now reviewed the article again, and removed all the errors that we could find. We thank the reviewer for pointing this out.



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

3. In the abstract, the abbreviation of IPAA should be in the first line at its first appearance.
This has now been corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Ahmed Ali U, MD, MSc,

University Medical Center Utrecht, Department of Surgery

Room G04.228, PO Box 85500,

3508 GA Utrecht, The Netherlands.

Telephone: +31-88-7556489

Fax: +31-30-2541944

u.ahmedali@umcutrecht.nl