

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6449

**Title:** Prevention of Post-Operative Recurrence of Crohn's Disease

**Reviewer code:** 01428956

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-10-21 17:39

**Date reviewed:** 2013-10-30 18:43

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

## COMMENTS TO AUTHORS

This review article summarizes the results of the main papers regarding the effectiveness of the drugs used for the prevention of post-operative recurrence in Crohn's disease. The authors make a survey of the all drugs used to prevent post-operative recurrence and make a critical analysis of the results in function of their effectiveness, side effects and costs. As conclusion it is suggested a practical algorithm of post-operative prophylaxis based on the stratification risk to recurrence. The references quoted are comprehensive and updated. This paper may results of practical utility in clinical practice.

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 6449

**Title:** Prevention of Post-Operative Recurrence of Crohn's Disease

**Reviewer code:** 00007873

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-10-21 17:39

**Date reviewed:** 2013-11-08 05:17

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

**COMMENTS TO AUTHORS**

This is a very well written review on "Prevention of Post-Operative Recurrence of Crohn's Disease (CD)". The authors review the natural history of postoperative CD, risk factors, available medical therapies, use of endoscopy, and propose an algorithm for postoperative follow-up and treatment. I have minor comments and suggestions: P 6 line 3: Add Odds ratios (95%CI) from Cochrane mesalamine meta-analysis (REF 42) which will clarify your statement. P 6 line 10: Similarly, add Odds ratios (95%CI) from Cochrane thiopurine meta-analysis (REF 42) which will clarify your statement. P7 Anti-TNF antibodies: At UEGW in Oct 2013, extended POCER data were presented including 18 months follow-up data. I suggest the authors to include these very recent data in the discussion. (21st United European Gastroenterology Week (UEGWEEK2013), 2013, OP057, OP052). P 8 line 8: Add Odds ratios (95%CI) from Cochrane probiotics meta-analysis (REF 42) Figure 1: I lack a legend of the figure. A figure should be self-explanatory and I suggest that "high" and "low" risk, "endoscopic recurrence", "deep remission" and the time of endoscopy is clarified in the figure legend.

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 6449

**Title:** Prevention of Post-Operative Recurrence of Crohn' s Disease

**Reviewer code:** 02446783

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-10-21 17:39

**Date reviewed:** 2013-11-12 11:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input 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	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The authors have attempted to review the topic of management of postoperative recurrence of Crohn's disease. Comments: 1. If the objective is to present a cost effective algorithm, then TNF-Inhibitor is not cost effective currently as explained in the manuscript. Otherwise, could the authors explain why thiopurines are excluded from the postoperative algorithm as depicted in the manuscript, especially for low risk group? 2. Figure 1 would benefit from clarifying in the figure the timing of the surveillance endoscopy while receiving maintenance medical therapy.