

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 2309

Title: Outcome of Patients with Primary Sclerosing Cholangitis and Ulcerative Colitis Undergoing Colectomy.

Reviewer code: 00013033

Science editor: Gou, Su-Xin

Date sent for review: 2013-02-16 16:43

Date reviewed: 2013-02-18 04:33

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 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	<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

This is a retrospective study on the outcomes of UC-PSC patients after colectomy. The major outcome of the study was that app. one-third of the patients had a negative outcome (death or OLT). Comments; 1. Cases excluded may introduce an important bias in the analysis. Reported causes especially inadequate follow-up or "uncertain" diagnosis should be revised and included in the overall colectomy percentage even if they are excluded from the outcome analysis. 2. The authors reported exclusions are 89, however the sum of the causes equals to 75 only, why were other patients excluded? 3. Please highlight that the intestinal inflammation is usually mild in UC and the reported low rate of colectomy is in line with this. 4. Please separate better the descriptive parts of the results from the main analysis and shorten some of these parts 5. Please re-analyse outcomes by using the above/below cut-off value stratification for albumin and platelets as identified by the ROC curves and also a mild-moderate severe scale for the MELD score. 6. The outcome should be analysed in time dependent modeling instead of Chi2 and logistic regression analysis. Please recalculate the different models by using Cox regression models. Minor Comments; 7. Please use median and IQR uniformly. 8. Please comment the low percentage of UDCA use. 9. Include MELD scores in Table 1

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Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 2309

Title: Outcome of Patients with Primary Sclerosing Cholangitis and Ulcerative Colitis Undergoing Colectomy.

Reviewer code: 00032393

Science editor: Gou, Su-Xin

Date sent for review: 2013-02-16 16:43

Date reviewed: 2013-02-27 15:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 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

This is a very well-written paper from an leading centre. The findings are of extreme interest in the areas of gastroenterology and hepatology

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Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 2309

Title: Outcome of Patients with Primary Sclerosing Cholangitis and Ulcerative Colitis Undergoing Colectomy.

Reviewer code: 02451538

Science editor: Gou, Su-Xin

Date sent for review: 2013-02-16 16:43

Date reviewed: 2013-03-03 21:59

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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an interesting and relevant retrospective study on outcomes of UC-PSC patients after colectomy, that I have read with great interest. Although I have some comments and suggestions for the authors: Major comments: 1. The entire Methods section of the manuscript should be reorganized in a more accurate and structured way because in the present status is, in my opinion, not clear. In particular in the Exclusion criteria section must be reported and specified only the exclusion criteria and not the number and the reasons for patients exclusion. Moreover the data extracted, the risk scores definitions and other information that are not criteria for exclusion must be reported in other sections of the methods. 2. All end-points of the study should be better defined in a dedicate sub-section of the methods. In particular for the primary end-points: it should be specified that it has been measured at 1 month and at follow-up. 3. In the results section authors reported the outcomes not listed and defined in the methods section including, among others, the length of hospital stay and general postoperative complications. Please indicate and define in the methods section all investigated outcomes. 4. For the post-operative complications should be interesting, if possible, to categorize these with a validated items such as the Clavien-Dindo (Ann Surg. 2009 Aug;250(2):187-96) classification for surgical complications. 3. In the results section the primary outcomes should be reported at the beginning and then, after this, the secondary outcomes. 4. It would be interesting to know how many colectomies were performed laparoscopically 5. In the results section you stated that 13 patients developed colorectal cancer (in the rectal stump??) by the end of follow-up after colectomy and 12 of these were diagnosed operatively and 1 patients received the diagnosis later. These 12 patients were then re-operated after the first colectomy for the development of cancer



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during post surgery surveillance? or not? Please clarify this point. 6. In the conclusion section you summarized the main findings of this study but it should be interesting to know also the authors hypothesized implications for clinical practice of these findings. Minor comments: In the introduction section you reported that the incidence of colorectal neoplasm at 5 years in PSC-IBD patients is significantly higher than in patients with UC alone (33% vs 13%) but the P value reported is $P=0.05$. Generally a significance level for the P value is considered <0.05 . Please check this data.

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Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 2309

Title: Outcome of Patients with Primary Sclerosing Cholangitis and Ulcerative Colitis Undergoing Colectomy.

Reviewer code: 00035938

Science editor: Gou, Su-Xin

Date sent for review: 2013-02-16 16:43

Date reviewed: 2013-03-04 00:06

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 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	<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

Treeprasertsuk and coworkers present their interesting retrospective study on PSC patients with UC undergoing colectomy in a 13 year time period. They found that a third of these patients died or underwent liver transplantation within 2.6 years. A control arm of matched unoperated patients with PSC UC colitis would have strengthened the power of the findings. Minor points: It might help for the reading to clearly state in the methods section primary and secondary endpoints and to present them in the accordingly in the results.. Percentage of patients with PSC/UC colitis undergoing colectomy should be calculated from 193. For discussion: The low colectomy rate might reflect the usually quiescent colitis in PSC. Only large duct PSC were included which might have an impact on the poorer outcome. It remains unclear what colon cancer diagnosis after colectomy means, found in the colectomy specimen or development in remaining rectum during follow up? Do you have any data on percentage of advanced cirrhosis at the time of colectomy as this might explain the high mortality and morbidity in your study? Did all patients have a liver biopsy? MELD score could be added in table 1. Table 3: Pathological findings 62+24+19=105? Lost to follow up 13? Please clarify. Discussion: Is there any clinical consequence deduced from the poor outcome conclusion. Should we be reluctant to recommend colectomy? Under special circumstances?

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Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 2309

Title: Outcome of Patients with Primary Sclerosing Cholangitis and Ulcerative Colitis Undergoing Colectomy.

Reviewer code: 00003629

Science editor: Gou, Su-Xin

Date sent for review: 2013-02-16 16:43

Date reviewed: 2013-03-11 19:36

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 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	<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 article by Treeprasertsuk S et al entitled "Outcome of patients with primary sclerosing cholangitis (PSC) and ulcerative colitis (UC) undergoing colectomy" is a retrospective analysis of the Mayo Clinic data concerning the long term outcome of patients with UC and primary sclerosing cholangitis PSC undergoing colectomy. The article is of clinical importance because it gives useful and practical information on a subject dealt not very often in the medical literature. The authors stress the negative effect of advanced fibrosis on the morbidity and mortality of patients with UC plus PSC undergoing colectomy and define critical values of platelet counts and serum albumin, derived from multivariate analysis, which determined the unwanted outcome in their group of patients. General Comments: 1. A question arising from reading the article is whether the bad outcome of patients with cirrhosis and PSC-plus-US undergoing colectomy, is different from the short- and long-term outcome expected for any patient with cirrhosis and comparable MELD following major surgery. Authors could calculate the expected relative risk and survival according the MELD of their patients using already published normograms (e.g. Gastroenterology 2007;132:1261-1269) and compare it to their own findings. Major Comments: 1. Tables 1-4 could be omitted and substituted by Table 5, enriched with an additional column including data of all patients. Any information of Tables 1-4 not already present in Table 5 could be added to that table, or described in the section of "Patients and Methods". 2. Is there any postoperative histological or imaging indication that colectomy changed the progress of the PSC per se compared to baseline? 3. Please give additional explanations for the data of Figure 2.