

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 8585

**Title:** The Optimal b value of Diffusion-weighted Imaging on 3.0 Tesla Magnetic Resonance Scanner for detecting colonic inflammation in patients with active Crohn's Disease

**Reviewer code:** 02439579

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-31 10:02

**Date reviewed:** 2014-01-15 12:06

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 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 use abbreviation without full name in the abstraction. CD has five subtypes according their locations: terminal ileum (L1), colon (L2), ileocolon (L3), upper GI location (L4) and Upper GI tract and distal disease (L4+) .About 30 percent of CD patients are involved in the small intestinal and upper GI. In this study, authors only used colonic endoscopy and assessed only colonic active inflammation, without enrolling CD patients whose lesion is not restricted in colon. CD patients involved in the small intestinal often have inflammation but without symptoms. Further, colonic endoscopy has a better image than MRI. Besides, MRI is usually used to detected lesion of small intestinal in CD patients, why did the authors determine the optimal b value in colonic CD patients but not ileocolonic CD patients?

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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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

This is a small study of 30 patients who are scanned on a 3.0-T MR scanner for detecting colonic inflammation in patients with active Crohn's disease. The author's goal is to determine the optimal b value for those patients. 1. Is this a retrospective or a prospective study. The authors mention in the methods section that this is a retrospective study but then they say that "all the patients accepted colonic endoscopy within 2 weeks before the MR scanning". Please clarify. 2. It's not clear where the 170 intestinal segments derived from. 30 patients x 6 segments per each patient equals 180 segments. Please explain. 3. The total number of patients in the abstract is 30 and the authors mention in the discussion that they perform the statistical analysis in 29 of them. Why? Please clarify in the Methods section and also mention the total number of patients in the results. 4. If this is a prospective study why did the authors choose to compare the MR results with endoscopy? If it is a retrospective study, which probably is the case, why these patients have endoscopy and MR scanning at the same time?