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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 28400
Title: INFLAMMATORY BOWEL DISEASE IN INDIA – PAST, PRESENT AND FUTURE
Reviewer's code: 02462265
Reviewer's country: 0
Science editor: Yuan Qi
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

MANUSCRIPT TITLE: Inflammatory Bowel Disease in India – Past, Present and Future AUTHORS: Gautam Ray MINOR POINTS: GENETICS: ? In Figure 1 it should be clearer (eg. Larger text, bold text) that the genes in the boxes (esp. NOD2) are NOT involved in Indian IBD. MECHANISM: ? A comparisojn of epidemiological features of IBD in India compared to other local regions would be of interest – eg. Hong Kong (Ng, S et al) and New Zealand (Gearry, R et al). ? Can the authors postulate any reasons (eg. Diet, hygiene, genetics) for the different epidemiological features of disease between North and South India? ? The role of mycobacterium paraTB and the importance of intestinal permability are both debateable and not specific to IBD in India– these sections could be briefer, if not left out UC: ? Table 1 is too large and difficult to read. A single table summarizing the features of UC that are more unique to India would be more useful, with references as footnotes. ? Are 80% of disease flares really due to non-adherence? ? Some EIMs do parallel disease activity (eg. Large joint arthropathy, erythema nodosum) – if this is not the case in India then this is unique and should be highlighted more. ? The data of CRC risk in Indian UC

populations do not noffer the reader any guidance as to recommendations for surveillance. Even with an imperfect evidence base, as is acknowledged, some recommendation should be given. CD: ? Table 2 is again too big and a similar recommendation to the UC table is recommended. ? Is there any reason why occult small bowel bleeding is a commoner presentation in Indian CD? ? 5-ASAs are generally ineffective in CD. If it is to be claimed they are effective in Indian populations then some references are required. ? ASCA is one of the MAIN ways we differentiate CD and TB in Western countries – is this really different in India? SUMMARY: ? How can an increase in prevalence in India be predominatly due to genetics, rather than environmental changes – this is counter-intuitive to most research indicating the increased prevalence in developing countries is due to "Westernisation"? MAJOR POINTS: ? The author has produced an interesting review manuscript however it is overly long and does not have a clear message and practical management recommendations for clinicians. ? Further epidemiological comparison between the differences in IBD in India versus other developing countries (eg, in other Asian countries) would be of interested, rather than just comparisons with IBD in the West. ? The tables and figures are too large and impractical ? Minor grammatical errors throughout the manuscript could be easily corrected with English language spell and grammar check. The manuscript is also long and could be shortened with above suggestions.