

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 27344

Title: Correlation of Rapid Point-of-Care versus Send-Out Fecal Calprotectin Monitoring in Pediatric Inflammatory Bowel Disease

Reviewer's code: 00158526

Reviewer's country: Slovenia

Science editor: Jing Yu

Date sent for review: 2016-05-27 09:09

Date reviewed: 2016-06-14 03:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Review for the manuscript No: 27344 Correlation of Rapid Point-of-Care versus Send-Out Fecal Calprotectin Monitoring in Pediatric Inflammatory Bowel Disease published by Alexis Rodriguez

General comment: This is a well done prospective study about the comparison of two types of fecal calprotectin diagnostic methods as possible markers for assessment the pediatric IBD disease severity.

Major comments: - the number of included patients and samples is small. There should be a paragraph about the study limitations at the end of the manuscript. - in the discussion part the authors should compare their data more extensively with the data of previous studies in adults and also in children (e.g. Kolho et al, JPGN 2012). - the description of patients is not sufficient. The Table 1 should be extended with more data like for example: PUCAI and PCDAI numbers... - it should be clearly stated if stool samples were properly collected as for example that it were not collected during colon cleansing procedure.

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Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 27344

Title: Correlation of Rapid Point-of-Care versus Send-Out Fecal Calprotectin Monitoring in Pediatric Inflammatory Bowel Disease

Reviewer's code: 03258519

Reviewer's country: Germany

Science editor: Jing Yu

Date sent for review: 2016-05-27 09:09

Date reviewed: 2016-06-19 18:28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Manuscript title: " Correlation of Rapid Point-of-Care versus Send-Out Fecal Calprotectin Monitoring in Pediatric Inflammatory Bowel Disease ". Authors: *Alexis Rodriguez MD1,2, *Lauren Yokomizo BA2, Megan Christofferson BA1,2, Danielle Barnes MD1,2, Nasim Khavari MD, MPH1,2, KT Park MD, MS1,2 Journal: World Journal of Gastroenterology I reviewed the above mentioned manuscript from Rodriguez et al. evaluating the correlation of the Rapid Point-of-Care fecal calprotectin test versus an ELISA test for pediatric IBD patients. To reach this aim they analysed 49 stool samples of 31 pediatric IBD patients with both methods. This is a prospective trial studying the correlation of POC versus ELISA in pediatric IBD. The authors pointed out the following finding: - There is a better correlation between POC and ELISA in the lower range (<250µg/g) and less correlation at higher calprotectin levels. However, the major key point of criticism of this manuscript is, that their finding has already be shown with the same calprotectin POC test (Quantum Blue? Extended immunoassay (Bühlmann Laboratories, Switzerland)) in the publication of Kolho et al 2012. Kolho analysed 134 stool samples of 56 patients at time of diagnosis and during induction



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

therapy. They also show a better correlation for values below 300 μ g/g calprotectin. The Quantum Blue ? Test was already evaluated for the usage in IBD patients (Wassel et al 2012). In addition, Inoue et al. described another calprotectin rapid assay system in 131 pediatric UC, 121 pediatric CD patients, and 57 controls and correlated this results with the endoscopic score. Thus this study does not provide any new information and was performed with a limited sample size. No other correlations regarding PCDAI or endoscopic score are provided, no healthy controls were analysed. Minor essential revision: The statement that calprotectin levels below <250 μ g/g correlate with quiescence is not correct.

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Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 27344

Title: Correlation of Rapid Point-of-Care versus Send-Out Fecal Calprotectin Monitoring in Pediatric Inflammatory Bowel Disease

Reviewer's code: 02999910

Reviewer's country: Poland

Science editor: Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors in their study compared two calprotectin tests, send-out ELISA test and point-of-care (POC) test in pediatric IBD patients. They prospectively enrolled 31 pediatric IBD and collected 49 stool samples for assessment. The authors concluded that there is better correlation between these two tests at low-range levels of calprotectin, < 250ug/g. This is important conclusion regarding non-invasive method of IBD activity assessment, which is essential at the onset of disease and during relapses. Actually, only a few papers were published up to now within this field. Major comments: 1.This is interesting observation but performed on very small group of patients; (in FC < 250 ug/g: CD - 9, UC - 10, IBD-U - 2 patients). There is also very limited data regarding characteristics of IBD group. What was clinical presentation at the time of assessment? What was the clinical activity of IBD at the time of assessment (PCDAI, PUCAI)? What was the location and severity of the inflammatory lesions? What treatment was used in IBD patients? 2.Additionally, some patients were tested twice or more. What was the indication for repeated calprotectin assessment? What correlation was found within this subgroup? 3.What kind of stools were collected from IBD children using the CALEX cap



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

devise, eg. solid, semi-liquid, liquid or water-like ones? Because, by using this method of stool samples collection, the kind of stool may influence the results, secondary to different amount of stool which is adhered to the stick. This data should be presented and discussed by the authors Minor points: Some similar studies were published up to now, in IBD children and adults. The authors should discuss and compare their own results with these data in more detailed manner [e.g. Kolho KL et al. JPGN 2012; 55: 436-439; Labaere D et al. UEG Journal 2014; 2: 30-37, Delefortrie Q et al. Clin Biochem 2016; 49: 268-273]