



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35183

Title: Risk factors for postoperative recurrence after primary bowel resection in patients with Crohn’s disease

Reviewer’s code: 00037961

Reviewer’s country: United States

Science editor: Yuan Qi

Date sent for review: 2017-07-27

Date reviewed: 2017-07-28

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting study in which the investigators evaluated the risk factors for postoperative recurrence after primary bowel resection in a cohort of Korean Crohn’s disease(CD) patients. 260 patients with no history of previous bowel surgery who underwent primary surgery for CD underwent a follow up period 101 months. The cumulative rate of surgical recurrence in various time periods from 1, 5 and 10 years were 1.1%, 8.3% and 35.9% respectively. Multivariate analysis showed significant risk free survival with additional benefit with the use of anti-tumor necrosis factor. The authors conclude that History of smoking, postoperative perianal disease and undergoing an emergency operation were independent risk factors for surgical recurrence. Major comments; Inclusion of any historical perspectives with a different cohort such as Caucasian population could be of interest. The data by itself will be useful based on this positive information. Appreciate the inclusion of limitation of the study.



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Minor comments; Some typographical errors are noted. Please correct.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35183

Title: Risk factors for postoperative recurrence after primary bowel resection in patients with Crohn's disease

Reviewer's code: 00055108

Reviewer's country: Norway

Science editor: Yuan Qi

Date sent for review: 2017-07-27

Date reviewed: 2017-08-04

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 checked="" 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
<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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The study is well performed and reported. Please read it once more looking for sites you repeats yourself - there are several - probably wise to erase as much as you can, some spellings errors as well. I wonder if you could elucidate on how many patients had perianal disease before the first surgery and what fraction of those also got perianal disease postoperative. The same also goes to the use of anti-TNF. Looking at the postoperative use of medication it reflects a top-up strategy. Why is that? Looking at the performance of surgery - almost 50 % of the patients was operated by 2 surgeons. Experience matters - could you tell us more regarding qualifications, those surgeons with lesser operations experience did they have more risks of recurrence of surgery? Make it general!



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35183

Title: Risk factors for postoperative recurrence after primary bowel resection in patients with Crohn's disease

Reviewer's code: 02441083

Reviewer's country: Spain

Science editor: Yuan Qi

Date sent for review: 2017-07-27

Date reviewed: 2017-08-05

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 checked="" 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
<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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a relatively large, retrospective, single tertiary centre cohort of patients with CD, in whom the rate of surgical and clinical recurrence was analysed. There is scarce data on Asian populations with the exception of Japan. The manuscript is well structured and written, the hypothesis clearly formulated and the statistical analysis well performed. From my opinion, there is only some minor issues that should be clarified before acceptance for publishing in WJG. Minor issues: 1. Top-down approach may have obscured the role of thiopurines or methotrexate in preventing post-operative recurrence. As both Azathioprine or 6-MP have demonstrated a preventive role in post-operative recurrence, it is a bit surprising that only anti-TNF drugs were independently associated to less recurrence. Please, discuss. 2. Use of antibiotics such as metronidazole and/or second generation quinolones should be analysed and discussed 3. There is some typo errors: Asan instead of Asian p.5 line 8.