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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74609

Title: Efficacy and safety of adalimumab in comparison to infliximab for Crohn's disease: A systematic review and meta-analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04031726
Position: Editorial Board
Academic degree: Doctor, MD, PhD
Professional title: Associate Research Scientist, Attending Doctor, Doctor, Surgeon
Reviewer's Country/Territory: Brazil
Author's Country/Territory: China

Manuscript submission date: 2021-12-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-31 15:30

Reviewer performed review: 2021-12-31 15:54

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a systematic review comparing the Efficacy and safety of adalimumab in comparison to infliximab for Crohn's disease. Some suggestions: 1) Why was ODDS RATIO chosen and not Risk difference or mean difference? 2) Heterogeneity needs to be defined in the methods according to Higgins. Cochrane Handbook for Systematic Reviews of Interventions version 6.0 (updated July 2019) [Internet]. Higgins J, Thomas J, Chandler J, Cumpston M, Li T, Page M, et al., editors. Cochrane; 2019. Available from: www.training.cochrane.org/handbook 3) Why was the GRADE (Grading of Recommendations, Assessment, Development and Evaluations) not carried out? I recommend performing and redoing the analyses. 4) "These results were consistent with the results of most published studies" Which? Quote them. 5) ". Few researches compared clinical benefit between IFX and ADA only in biological non-naïve CD patient" Which? Quote them. 6) Funnel Plot charts are not required if you have followed PRISMA's recommendations. 7) In the Forest Plot charts you put the author and year and after that, put the year again. Fix this. 8) In Figure 5, if the study does not present data like Kaniewska, it should not be metanalized.

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Reviewer's code: 06215914
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Director, Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2021-12-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-29 23:51

Reviewer performed review: 2022-01-06 23:34

Review time: 7 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript entitled "Efficacy and safety of adalimumab in comparison to infliximab for Crohn's disease: A systematic review and meta-analysis" compares clinical response, remission rate, maintenance of response, the rate of loss of response, and the rate of adverse events between adalimumab and infliximab in the treatment of Crohn's disease. The authors reached two major conclusions that adalimumab had similar efficacy and fewer adverse events compared to infliximab in patients with Crohn's disease. The methodology is well planned and questions the authors asked for are clinically very relevant and thus this manuscript will provide useful information to many clinicians worldwide. I have several suggestions and questions to strength this manuscript. Crohn's disease is fundamentally heterogeneous disease and the therapeutic efficacy of Crohn's disease differs between the types of disease e.g., location of disease, existence of stenosis and/or fistula, or perianal involvement. Although I understand it will be difficult to reanalyze after stratification of disease types, the authors should consider the impact of these factors on your data. I assume immunomodulators would be used more in infliximab cases than adalimumab cases and the effect of immunomodulators on the efficacy of infliximab for Crohn's disease might differ based on the timing of administration (from the beginning or later add on), especially in the rate of los of response. Can the authors make this point clear by distinguishing the patients with immomodulators based on the timing of their administration? Can the authors describe the effect of bowel resection (prior and after treatment) on these analyses? The authors showed the data of these comparisons in anti-TNF therapy naïve as well as non-naïve cases. Can the authors clarify the type of

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first anti-TNF therapy (infliximab → adalimumab, infliximab → infliximab, adalimumab → infliximab, adalimumab → adalimumab, other anti-TNF therapy → infliximab or adalimumab)? This is important to understand ineffectiveness of secondary anti-TNF therapy. There are some typos.