

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 83329

Title: Exit strategies in Inflammatory Bowel Disease: looking beyond anti-TNFs

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05083795 Position: Peer Reviewer Academic degree: MD

Professional title: Associate Professor, Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2023-01-20

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-11 04:41

Reviewer performed review: 2023-02-12 15:10

Review time: 1 Day and 10 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
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) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors reviewed the recent advances in the exit strategies in IBD, and made many comments or viewpoints in the field. The reivew could give the readers valuable information in this critically important question. There are some concerns listed as follows. 1. As for the title "in the era of small molecules", it is not quite accurate or proper. In this review, the data about small molecules is very limited. 2. As the revolution of the treatment targets are changing, the timing of decalation or stop of certain medications are definitely changing. There are many evidences about anti-TNF agents. It is important to mention the timing or indication of exit stratageis, based on clinical remission or endoscopic healing. It is the key point for the clinical practice. 3. In this review, the authors did not discuss the exit of 5ASA in UC. If the authors did not aim to review it, should mention it in the manuscript. 4. In Conclusion section, it will be very helpful to give some prospectives in the field.



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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01467363 Position: Editorial Board Academic degree: MD, PhD

Professional title: Full Professor

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: Italy

Manuscript submission date: 2023-01-20

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-13 13:25

Reviewer performed review: 2023-02-19 08:45

Review time: 5 Days and 19 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
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SPECIFIC COMMENTS TO AUTHORS

Title: accurately reflects the topic and contents of the paper. Abstract: is appropriate, not structured, 151 words. Key words: 6 key words, precisely define the content of the paper. Core tip: is appropriate, 46 words. Introduction: 268 words, the reader is briefly acquainted with known facts about IBD treatment with immunosuppressive treatment, novel biologics, such as anti- α4β7 integrin and anti- IL12/23 antibodies, and small molecules. The content of the article is divided into 5 additional chapters: individual chapters present: selecting the ideal candidate for therapy withdrawal, discuss exit strategies with the patient, withdrawal, de-escalation and re-treatment, optimal monitoring after therapy withdrawal. Certain drugs (immunomodulator monotherapy, anti-TNF monotherapy, combination therapy of immunomodulator and anti-TNF, anti-α4β7 integrin antibody: vedolizumab, anti-IL12/23 antibody: ustekinumab, JAK inhibitors: tofacitinib) and research results are presented and discussed in individual subsections. The discussion in individual subsections is appropriate, supported by relevant references. Conclusion: 289 words, authors conclude with known (in the past already often written) thought "Further prospective studies are needed to improve



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decision making and guidelines". The conclusion is by no means original. References: 95, influential journals in this field N Engl J Med, Dig Dis Sci, Aliment Pharmacol Ther, J Crohns Colitis, Inflamm Bowel Dis, Am J Gastroenterol,... Conflict of interest: there are no financial conflicts of interest to disclose. Opinion of the reviewer The article provides a carefully written overview of an increasingly important field. In it, I miss the reflection about the role of pharmacogenomic research, which affects the selection of treatment options for individual patients. "Personalized medicine" is likely to influence treatment discontinuation decisions in patients with IBD.