

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4805

**Title:** Quality Improvement in Pediatric Inflammatory Bowel Disease: Moving Forward to Improve Outcomes

**Reviewer code:** 02445712

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-24 15:25

**Date reviewed:** 2013-08-04 22:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Although I am not an expert in quality improvement processes but clinical gastroenterologist, I found your paper very interesting review on this issue that possesses valuable references where somebody who wants to include quality improvement process in his every-day work can find detailed information. It made me interested! So you achieved your purpose.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4805

**Title:** Quality Improvement in Pediatric Inflammatory Bowel Disease: Moving Forward to Improve Outcomes

**Reviewer code:** 00048752

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-24 15:25

**Date reviewed:** 2013-08-07 07:28

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is an interesting review focused on the quality improvement on the management of pediatric IBD. This is a kind of boundary work between clinical medicine and social medicine, and would be more important in the area of practical medicine. I would suggest them to use tables, and other visual modalities for the readers to understand the contents more easily because I think this type of work has not been familiar with the general readers of WJG (basic and clinical gastroenterologists).

**ESPS Peer-review Report**

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4805

**Title:** Quality Improvement in Pediatric Inflammatory Bowel Disease: Moving Forward to Improve Outcomes

**Reviewer code:** 00007918

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-24 15:25

**Date reviewed:** 2013-08-09 13:43

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The paper is of interest for readers. It is well written by authors who are familiar with the topic. Just few minor comments: The authors should include IBD unclassified (IBD-U) as third IBD phenotype, very common in childhood. They should comment - shortly - on the limitation of activity indexes when we wish to define remission: in other words, the concept of deep remission and that of structural damage will be more and more included among parameters useful to assess clinical response in trials. Do the authors have knowledge on pediatric collaborative networks to improve quality of care in a chronic disorder close to IBD such as rheumatoid arthritis?