

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3986

Title: To Determine the Relationship Between Time of Infliximab Therapy Initiation and Infliximab Dose Escalation - A Retrospective Study

Reviewer code: 00028569

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-07 18:55

Date reviewed: 2013-06-25 00:02

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

English grammar should be corrected. In the abstract, it was less time consuming to do it myself. Conclusion: There are 2 terms to describe what I presume is 6 MP and Azathioprine, immunosuppressives, and immunosuppressants. I prefer the former - but also the immunosuppressives are not named. The conclusions as stated are not convincing. 4 groups are named earlier. What is needed is the length of time to start Infliximab (< 2 years), >2 years and each of the 2 groups with and without immunosuppressives. ?Format for bibliography? 3 authors followed by et al vs. all authors INTRODUCTION - LINE 1: We know that anti-TNF's have an important role in therapy but we don't know about its role in pathogenesis. 1st paragraph, last line - is, not was. 2nd paragraph, factors leading to dose escalation not influenced. They are not unknown; the ones serving to dose escalation are known. Indeed, there is a correlation of immunogenicity with clinical response. If the aim of the study is the time of IFX indication, either keep immunogenicity out of it or else include it in the goals. METHODS RESULTS: It would be helpful to define the 7 patients eliminated by the Harvey-Bradshaw scale as stated in Methods as well as the assessments by individual gastroenterologists. DISCUSSION: Paragraph 2, 3rd sentence - higher than what? Again it is not clear what groups are being compared. There are actually 8 groups: IFX Started < 2 years + 6MP or AZA IFX started > 2 years + 6MP or AZA IFX started < 2 years - 6MP or AZA IFX started > 2 years - 6MP or AZA + or Z dose escalation in all 4 above. Tables - too many factors are included such as gender, disease behavior (stricturing, penetrating, perianal) without their being utilized for the goal of the study. MY CONCLUSION: I like the idea of this paper and I don't object to the study being retrospective or the



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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

relatively small number of patients, but the paper is not well written and the conclusions as presented are not warranted by the data. It could be better divided into the pertinent variables before making conclusions about the note of early versus late introduction of Infliximab and the influence of immunogenicity. I don't feel that the management of IBD profits by accepting this paper as submitted.