

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4761

Title: Frequency and prognostic role of mucosal healing after one-year period of biological therapy

Reviewer code: 01446464

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-22 16:09

Date reviewed: 2013-07-25 04:02

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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The subject of the study is interesting, and the unique regulation of the Hungarian government provides an optimal setting to ask the question how long does mucosal healing sustain after cessation of biologics. The work, while observational in nature, does provide some insight into the response to therapy. However, there are a couple of important issues that need to be clarified: 1. The authors described "sustain clinical response". What does that mean? How long after cessation of the biologics do patients maintain clinical remission? Summary from the literature is needed. 2. Patients who need to be restarted on biologics: response after restarting the medication needs to be provided. In my view, only those who responds to the restarted medication can be attributed to premature cessation of the drugs. 3. Histology evaluation has been proposed to provide additional information that may complement endoscopy findings. Have the authors performed biopsy on these patients? If so, what did they show?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4761

Title: Frequency and prognostic role of mucosal healing after one-year period of biological therapy

Reviewer code: 00028527

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-22 16:09

Date reviewed: 2013-08-23 19:57

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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The paper by the Hungarian group is interesting, as it shows that mucosal healing does not predict any sustained clinical remission in patients with IBD if biologicals are stopped one year of treatment. Major comments It should be stated for how long time the study was open for inclusion of patients with IBD into the study (not mentioned on p. 5). Was a power calculation performed before initiation of the experiment to ensure statistically valid conclusions of the statement provided? Is TNF inhibitor treatment also discontinued after one year in Hungary if patients have symptoms of their IBD? The conclusion of the present manuscript is rather important even it is a limited material from only two departments. However, it is strongly recommended that the authors take a little more care of the English expression throughout so the reader does not get the impression that the paper was written in Hungarian and then put in Google Translate. Please, highlight the statements of this study more precisely in a revised manuscript. Minor comments Line 2 in the Introduction: I suggest that after IBD it is stated that it comprises UC and CD as the two most frequent entities. The authors should specify the second ECCO scientific workshop (p. 3), if they think it is important to mention or perhaps delete this workshop and just add a reference. On p. 5, six lines from the bottom, azathioprine is stated, however, on Table 1 says thiopurines. Did any of the patients receive 6-mercaptopurine? In that case this should be stated as well on p. 5. Did the authors use a CDAI including haematocrit value or was it a modified CDAI score index used clinically? I believe it is questionable that terminal ileum was reached in all cases (p. 8). On p. 8: In some cases a decimal is added to the percentage, but not in others. However, this matter should be more consequent throughout the whole manuscript. I suggest deleting any decimals in percentages. On p. 10: The UC Success trial should be with capital letters like SONIC and ACCENT1. On p. 10: "Respectively" should be added, e.g. line 2 ("56% and 32% of the patients, respectively").

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4761

Title: Frequency and prognostic role of mucosal healing after one-year period of biological therapy

Reviewer code: 01489500

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-22 16:09

Date reviewed: 2013-08-31 23:11

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 checked="" 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	<input type="checkbox"/> No records	
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an interesting study that shows the prognostic role of mucosal healing at one year of biologic therapy in CD and UC. The important message is that mucosal healing does not predict "sustained" clinical remission. Maybe you could define "sustained clinical remission". The relapse rates are higher than similar studies (78% in CD and 100% in UC), please comment on that. The authors must also state the time period of patient's inclusion in the study and should also generally revise the manuscript with regard to English language use. In line 7 of Discussion, change the sentence to: mucosal healing after 12 months of treatment was not associated to sustained clinical remission. In paragraph 3, line 11,12 you state that biologic therapy was more effective in achieving mucosal healing in CD than UC. Is there a reason for that? Please comment. In last paragraph of Discussion, line 8, change to mucosal healing could correlate with clinical activity.