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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
Ms: 3375
Title: Prediction of Crohn's Disease Aggression through the analysis of NOD2/CARD15 sequence variation within an Australian cohort
Reviewer code: 00039030
Science editor: l.l.wen@wjgnet.com
Date sent for review: 2013-04-26 19:22
Date reviewed: 2013-05-03 00:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS
CONFIDENTIAL COMMENTS TO EDITOR:
The authors present a genetic study on NOD2/CARD15 mutations in 30 post-operative Crohn's disease patients recruited in a single center in Australia between 1980 and 2000. They show that NOD2/CARD15 mutations are associated with early need for surgical intervention in Crohn's disease. Although this is an interesting study, there are several comments to be addressed before this manuscript is suitable for publication: A. Major comments: 1. The study appears to be underpowered in order to clearly delineate the role of NOD2/CARD15 in the need for surgery for Crohn's disease. In this respect it is questioned why patients were only recruited up to the year 2000. B. Minor comments: 1. The reference list is not up-to-date, with the most recent one from 2010. Several new epidemiological NOD2/CARD15 data are available for Crohn's disease, and should be referred to. 2. The numbers of Table 2 are very confusing. For example, in the collumn with 3020insC mutation positive patients (n=4) 8 appear to have stricturing disease behavior. This should be clarified. 3. The authors state that their cohort contains several ethnicities, differentiating this study from other studies. However, no data on ethnical background are provided.

COMMENTS TO AUTHORS:
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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
Ms: 3375
Title: Prediction of Crohn's Disease Aggression through the analysis of NOD2/CARD15 sequence variation within an Australian cohort
Reviewer code: 00037324
Science editor: l.l.wen@wjgnet.com
Date sent for review: 2013-04-26 19:22
Date reviewed: 2013-05-09 01:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS
CONFIDENTIAL COMMENTS TO EDITOR:
This an interesting manuscript. This study identify a new mutation INV2-25G in NOD2/CARD15 gene, which is reported previously. My only concern is the small umber of patient population.

COMMENTS TO AUTHORS:
General: This manuscript investigates the association between mutations in NOD2/CARD15 gene and post-operative relapse requiring further surgery.In this manuscript, the investigators are addressing an important question of whether screening for mutation in NOD2/CARD15 gene can be utilized in downstream disease management and comes up with the suggestion that, indeed, 3020insC mutation dies require their first surgical resection immediately after diagnosis and hence will warrant a proactive disease management after surgical intervention. The authors have fully sequenced the NOD2/CARD15 gene instead of relying on the known mutations in this gene.This effort was rewarded by a new mutation, INV2-25G, which has not been previously reported. Specific Comments: 1. The patient population is quite small. The authors address this issue in the manuscript itself and the reviewer is also aware of the difficulty in patient recruitment. Because of the important conclusion this paper draws, this issue is may not a major draw-back. 2. There are several typos: For expample: Background and Aims – Paragraph 6, line 11 – paediatric is spelled as paedriatic. The reviewers suggest a carefully read through the manuscript.