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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9287

Title: Impact of Medical Therapy on Patients with Crohn's Disease Requiring Surgical Resection

Reviewer code: 00009530

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-08 14:16

Date reviewed: 2014-02-19 01:59

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

The paper is focused on a very interesting issue and reports data from a reasonably large series of patients; it would be nice to know about patients in the middle (years 2000-2005) in which a mixed population is present and a comparison between the beginning of anti-TNF use and a more mature utilization could be performed. At least, authors should comment on how they have chosen those two periods of time to compare. Please correct some spelling mistakes throughout the manuscript.

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9287**Title:** Impact of Medical Therapy on Patients with Crohn's Disease Requiring Surgical Resection**Reviewer code:** 00003692**Science editor:** Gou, Su-Xin**Date sent for review:** 2014-02-08 14:16**Date reviewed:** 2014-02-20 05:45

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 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

Retrospective comparison of post resection CD from 2 time periods (A, TNF negative, 1995-2000; B, mixed with some TNF positive, 2005-2010) using hospital-based ICD9 codes for data input. Only excisional surgery included. Cohort differences striking in sex (B, males), but similar in age at surgery. Phenotypic differences in Montreal classification and significant treatment differences between 2 cohorts with more 5 ASA and less IM in cohort A.

Major issues:

1. Authors should comment on the virtually identical times from diagnosis to resection in both cohorts. In spite of substantial differences in sex, disease location, disease behavior, age, and particularly treatment regimens, "long term clinical course" in both cohorts virtually identical.
2. Authors should comment on weakness of data that is based on entry of "third party" hospital based coding.
3. Not clear if concomitant surgical treatment of penetrating disease complications was required.
4. Although further evaluation of a small number of TNF treated patients in cohort B suggested extension of time to surgery (or shortening for non-TNF treated group), other confounding differences may have been important. Authors should either comment further on why they believe other variables were not important or withdraw conclusion regarding earlier treatment with TNF.
5. "Smoking status should be more precisely defined. Eg., active vs passive user, current non-user, never used.

Some minor grammatical and spelling errors. References outdated, especially related to long term



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natural history of CD.