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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9905

Title: Clinical parameters of a progressive disease course in patients with ulcerative colitis

Reviewer code: 00505564

Science editor: Gou, Su-Xin

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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

Stallmach et al. performed a retrospective, multicenter analysis of 262 UC patients from eight German tertiary IBD centres aiming to identifying patients at risk for undergoing subsequent immunosuppressive therapy due to a progressive disease course of UC. They classified patients into two groups depending on requiring immunosuppressive therapy or not. They intended to identify simple clinical parameters during an early period after diagnosis of UC pointing towards a disabling disease course and the subsequent need for immunosuppressive therapy for the individual patient. Personal data, clinical and laboratory parameters during the first 3 months after UC diagnosis and effects of initial medical therapy were compared between these two groups. Subsequently, they developed a prognostic model to predict the individual patients' probability of necessitating immunosuppressive therapy. Interestingly, they found that the extent of disease, young age, hospitalization and steroid therapy at diagnosis and insufficient response to corticosteroid therapy are independently associated with a progressive disease course in UC. They provide a model which is based on easily accessible clinical parameters and can predict the individual UC patient's risk to develop a progressive disease course and thereby assist in making clinical decisions. According to their observations, they found that in the presence of all six risk factors the probability to experience a progressive disease course requiring immunosuppressive therapy was almost 100% over a period of five years, whereas it was below nearly 0% in the absence of any risk factor. Therefore, the data do not only show statistically significant results, but the model provides the opportunity to estimate the future need for immunosuppressants in daily clinical practice. This is intriguing. This paper reads well and the data is convincing. I highly recommend this manuscript for publication in its current form in the World J Gastroentrol.