

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10704

Title: Colectomy is a Risk Factor for Venous Thromboembolism in Ulcerative Colitis

Reviewer code: 00034127

Science editor: Na Ma

Date sent for review: 2014-04-16 02:30

Date reviewed: 2014-04-26 21:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<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		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an excellent original contribution analyzing cohort of 1020 hospitalised UC patients towards risk of VTE. The Authors determined that patients who underwent elective or emergent colectomy had 4-5-fold increased risk of VTE when compared to UC patients treated non-surgically. Comments: 1. It would be worth to include the following clinical variables in Table 1 and in multivariate logistic regression analysis: A) duration of UC since initial diagnosis, B) numbers of UC flares since initial diagnosis, C) clinical disease severity at the time of hospitalization using validated clinical index, D) presence or absence of any extraintestinal manifestations of UC E) history of any prior surgery for UC. 2. What kind of heparin was used for VTE prophylaxis: Low Molecular Weight Heparin or Unfractionated Heparin? 3. My understanding is that the variables from Table 1 were included in the logistic regression analysis. This information should be clearly stated in the manuscript.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10704

Title: Colectomy is a Risk Factor for Venous Thromboembolism in Ulcerative Colitis

Reviewer code: 00029052

Science editor: Na Ma

Date sent for review: 2014-04-16 02:30

Date reviewed: 2014-04-29 09:28

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

How was the presence of VTE determined? Were there clinical signs or symptoms of VTE that prompted evaluation? How many in each group were incidental VTE? Since sicker patients with UC are more likely to have imaging including abdominal CT for their disease might not this have lead to a higher rate of VTE (i.e. detection bias) compared to those with less severe symptoms where imaging may have been less likely? This is alluded to in the discussion session with regard to post-operative VTE but needs to be accounted for in all groups. Was prior oral contraceptive use considered for women? It is important to understand why elective colectomies were done. How many were patients with quiescent disease have colectomy for dysplasia compared to those with active disease who had failed medical therapy (i.e. biologics)? The risk of VTE would be very different in these groups. It appears that 1/2 of the elective group did have symptoms of active disease in Table 1.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10704

Title: Colectomy is a Risk Factor for Venous Thromboembolism in Ulcerative Colitis

Reviewer code: 00029041

Science editor: Na Ma

Date sent for review: 2014-04-16 02:30

Date reviewed: 2014-05-20 18:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an excellent paper. Minor revision is needed. What kind of imaging studies did the authors perform in diagnosing VTE? Please describe.