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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11890

Title: The impact of enteral nutrition on body composition and energy metabolism in patients with Crohn's disease

Reviewer code: 02530212

Science editor: Su-Xin Gou

Date sent for review: 2014-06-12 10:19

Date reviewed: 2014-06-17 14:36

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

COMMENTS TO AUTHORS

I think this article is good study about Enteral nutritin is effective in remission induction of active Crohn's disease, and also in impact of EN on the body metabolism and composition of CD patients

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11890

Title: The impact of enteral nutrition on body composition and energy metabolism in patients with Crohn's disease

Reviewer code: 00036961

Science editor: Su-Xin Gou

Date sent for review: 2014-06-12 10:19

Date reviewed: 2014-06-20 05:37

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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" 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		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. There are numerous grammatical errors throughout the manuscript. It needs to be very thoroughly proof (copy) read to be considered for publication. I have included a few specific ones within this review but there are many more. 2. Were these at home or in-patients for the duration of the study? What evidence can be provided that subjects were compliant with the treatment and received exclusive enteral nutrition? Were there any complications related to 4 weeks of naso-gastric tube feeding? It must be very difficult indeed to only have NG feeding (and no food) for 4 weeks when you have inactive disease! 3. Reference for 15 is for anorexia nervosa which is a different entity to anorexia from other physical (inflammatory / malignant etc) conditions. 4. What was the target study size (ie how many patients to recruit) and why? 5. I assume the REE in figure 1 is calculated by the 'Schofield equation'? Its not at all from the results (or indeed methodology) that this was used. The legend from this figure mentions how a p value was calculated but its result is not included. 6. I don't understand what 'experimental 25cal/Kg/day' means - it needs to be explained early on in the paper. 7. Were none of these 61 patients on any treatment for their Crohn's? I would find this highly unlikely. 8. What are 'basic diseases' (inclusion criteria)? What does 'TPF' stand for (treatment section)? 9. How can the BMI of all patients have increased significantly (p = 0.017) where there is virtually no difference in the 3 groups for this entity in table 1? 10. Why is some of the analysis (ie CRP, ESR and CDAI) presented with groups A and B combined where they are separated in table 1?



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This produces confusion - the authors should present all data the same (could be by adding an extra column for A+ B into table 1 and separating the others out later on. Table 1 also needs some explanation within the legend as to what 'Group A, etc are. 11. Did the EN make any difference? Couldn't it be said that the 50% of those with initially active disease just settled during the study independently of the NG tube? Is it the fact that the disease settled rather than the EN working that made the changes that have been documented? 12. The words 'body mass increased overall fat mass' in the 'Body composition' section just re-iterate the earlier part of the sentence and don't seem to be needed. 13. The discussion is conventionally started with an overview of the study and the key findings rather than discussing any potential short falling of the work. Likewise the concluding sentence is not formatted in the conventional way ie outlining the key aspect(s) of the work and proposing the way forward. 14. Discussion - 'But unlike from traditional researches' and 'Increased REE increases yet' within the discussion are examples of grammatical problems. I assume 'experiential 25cal...' should be 'experimental'. Also, my interpretation of the data is that there is no significant effect on BMI (see above). Finally, I do not understand the last sentence - what is 'dynamic monitoring REE'? and it is not this that will satisfy the nutritional requirements it may assess / measure them but not provide the calories.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11890

Title: The impact of enteral nutrition on body composition and energy metabolism in patients with Crohn’s disease

Reviewer code: 02531403

Science editor: Su-Xin Gou

Date sent for review: 2014-06-12 10:19

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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 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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I read with interest the manuscript "The impact of enteral nutrition on body composition and energy metabolism in patients with Crohn’s disease" written by Zhao and coworkers. It is an interesting study, although the number of the patients enrolled is small, as stated by the authors. However, I have some major remarks: Major remarks - it could be useful to know how the ileal involvement was distributed along the three groups, to better understand how the disease extension could influence the outcome - it could be also useful to know the duration of the disease, to better understand how the long duration of the disease could influence again the outcome - why further parameters with a leading role in the onset of malnutrition in IBD patients, as vitamins and minerals, were not considered baseline and after EN? Minor remarks - which was the steroid-free (and eventually the immunosuppressant/biologic-free) period before the inclusion of the patients in the study? Yours Sincerely