

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12001

Title: Effects of Oral Tacrolimus as a Rapid Induction Therapy in Ulcerative Colitis

Reviewer code: 02941672

Science editor: Yuan Qi

Date sent for review: 2014-06-17 20:14

Date reviewed: 2014-06-23 07:06

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	<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

These are the comments for the manuscript titled "Effects of Oral Tacrolimus as a Rapid Induction Therapy in Ulcerative Colitis". It has been reported that oral tacrolimus had slower onset of action and its efficacy was influenced by food intake. The long time to reach efficient trough level is often unfavorable for patients who need rapid improvement. To address these problems, this report suggested starting with high dose of tacrolimus enables rapid therapeutic response with tolerable side effects. Though efficacy of high-dose tacrolimus induction for steroid-refractory UC has been reported elsewhere, the present study is worthwhile because of prospective and multicenter study design. I listed several points for further improvement as follows. 1, Both Fig.1a and Fig.1b is not needed because these two figures indicate same result. I suggest removing Fig.1a. 2, Δ Lichtiger scores in Fig.4 seem unnecessary because the similar data is shown in Fig.3. 3, Adverse effects should be presented in additional table for easy understanding. 4, Adverse effects comparing with that of clinical trial until approval and postmarketing investigation needs to be discussed if there are some differences. 5, Change of dosage increase or starting of new treatment just before this trial should be confirmed and mentioned.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12001

Title: Effects of Oral Tacrolimus as a Rapid Induction Therapy in Ulcerative Colitis

Reviewer code: 02548913

Science editor: Yuan Qi

Date sent for review: 2014-06-17 20:14

Date reviewed: 2014-07-01 00:17

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	<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

Tacrolimus is the drug which is effective for patients with refractory ulcerative colitis. However, administration of tacrolimus seemed to be difficult in many institutions, because of the anxiety about the adverse effect and the large variety in dose required for reaching sufficient trough levels. To achieve the quick efficacy and the safety administration of tacrolimus, the authors devised an initial dose of tacrolimus, the situation of the diet, and the measurement frequency of the blood level. This study was a prospective and multicenter design. The methods and the results were comprehensible. This article seemed to be almost enough for publication. 1. How much time was necessary to obtain the results of the blood level? Probably, this method was limited to the institution where the measurement of the blood level is possible to obtain on the day. There was lacking in versatility, because there was a few hospital which was available for the measurement in the own institution. 2. Criteria of the blood level adjustment are written in Table1. How many percent was an observance rate of these criteria actually? 3. Exclusion criteria include (2) prior abdominal surgery and (5) history of previous abdominal surgery. What were these two contents different in? 4. Figure 1a seem unnecessary. 5. Either figure 3 or Δ Lichtiger scores (in Figure 4) should be removed.