

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12394

Title: Adalimumab-induced interstitial pneumonia in a patient with Crohn's disease

Reviewer code: 01221849

Science editor: Su-Xin Gou

Date sent for review: 2014-07-07 12:09

Date reviewed: 2014-07-12 22:44

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

COMMENTS TO AUTHORS

I think that this 'to the editor' case report entitled "Adalimumab-induced intestinal pneumonia in a patient with Crohn's disease" does not provide any new and interesting points to gastroenterologists. Author stated that in a patient who develops severe intestinal pneumonitis associated with one anti-TNF-alfa biologics, the use of another anti-TNF alfa biologics should be discouraged. In case that exposure of the first anti-TNF-alfa biologics causes drug-induced organizing pneumonitis, great attention has to be paid to the second anti-TNF-alfa biologics usage. Author's thought is natural and taken for granted. This case report does not provide any new and interesting points to gastroenterologists. Minor 1. Misspelling the word of 'exposition'. Please make corrections to 'exposure'.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12394

Title: Adalimumab-induced interstitial pneumonia in a patient with Crohn's disease

Reviewer code: 00214225

Science editor: Su-Xin Gou

Date sent for review: 2014-07-07 12:09

Date reviewed: 2014-07-24 09:58

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"/> 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

There are only few case reports of adalimumab-induced lung toxicity and the authors presented the potential adalimumab-induced lung toxicity in patient with Crohn's disease. #1. To clarify the causality of ADA, the authors should discuss the mechanisms for anti-TNF drug-induced lung toxicity based on the previous reports in detail. #2. The radiological findings, including chest XP and CT should be presented. #3. As a terminology, Cryptogenic organizing pneumonia probably related to ADA is confusing in page 5 line 8. Cryptogenic is not necessary to describe drug-induced lung toxicity.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12394

Title: Adalimumab-induced interstitial pneumonia in a patient with Crohn's disease

Reviewer code: 02546019

Science editor: Su-Xin Gou

Date sent for review: 2014-07-07 12:09

Date reviewed: 2014-07-28 01:10

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

COMMENTS TO AUTHORS

Casanova et al. report a case of adalimumab-induced interstitial pneumonia in Crohn's disease. To date only few cases have been reported mostly in rheumatologic diseases. Perez-Alvarez et al.(Interstitial lung disease induced or exacerbated by TNF-targeted therapies: analysis of 122 cases.Semin Arthritis Rheum. 2011 Oct;41(2):256-64.) reported 122 cases of antiTNF-induced pneumonia in a rheumatologic cohort. Almost half of these cases were observed under infliximab therapy. Several lesions have been described so far i.e. interstitial pneumonia, nonspecific interstitial pneumonia, organizing pneumonia, diffuse alveolar damage, or as lymphoid interstitial pneumonia. This citation should be included in the manuscript. The authors should insist on the fact that antiTNF-induced lung injuries share many entities. In addition they should underline that exhaustive investigation to exclude differentials have to be performed(especially infectious disease. Only few cases of adalimumab-induced pneumonia have been published in IBD patients, it is why this contribution seems of high interest. Although proof are lacking, I agree that switching anti-TNF is a risky strategy. This part of the discussion could be developed. Minor point: Isoniacide should be replaced with isoniazid