

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26133

Title: Interaction of obesity and inflammatory bowel disease

Reviewer's code: 03474105

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2016-04-02 23:51

Date reviewed: 2016-04-14 04:36

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

MINOR DRAWBACKS

EPIDEMIOLOGY

I would add a paragraph underlining the more frequent incidence of obese IBD patients in elderly and female gender. It could be mentioned that because obesity is more evident in elderly with a long history of IBD, a possible explanation is a less aggressive disease in this subset of patients that appear healthier.

Obesity as a marker of less severe disease course? (Flores Dig Dis Sci 2015)

RELATIONSHIP BETWEEN OBESITY AND IBD OUTCOMES

- Unclear paragraph:

However, increased BMI was associated with increased C reactive protein levels (which was controlled for in this analysis in regard to IBD outcomes) as well as significant decrement in IBD-related quality of life measures. A similar study of a

mixed IBD (CD + UC) population showed similarly decreased rates of health care utilization.....

The first phrase apparently contradicts the second because it is not clear if BMI is associated with good QoL or not.

- I would also add a paragraph trying to summarize which is in literature the relation between obese IBD patients and QoL (conflicting results).
- An other matter of discussion to introduce is wherever there are differences in behaviour (stricturing or perforating) and clinical characteristics and localization (colonic or ileal) between IBD obese or IBD lean patients.

OBESITY AS A PRO-INFLAMMATORY STATE

I would spend some words on the role of the neuropeptides implicated in both obesity and IBD: substance P.

OBESITY AND IBD RELATED SURGERY

I would underline that there are several articles showing as obesity increases the complexity of laparoscopic resections in IBD but apparently there are no differences in blood loss, operative time, conversion rates and perioperative complications (Krane J Am Coll Surg 2013, Canedo Surg End 2010, Guardado J Gastroint Surg 2016)

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26133

Title: Interaction of obesity and inflammatory bowel disease

Reviewer's code: 01574245

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2016-04-02 23:51

Date reviewed: 2016-04-18 03:22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The question of links between obesity, IBD development, and concomitant disease modulation are important. Therefore, the topic of this review is relevant. The manuscript is overall well written. Critiques in sequence of manuscript: 1. An obviously preparatory copy of the manuscript was submitted that still includes comments from TLZ. 2. Germ free mice are "colonized" rather than "infected" during experiments when studying the gut microbiome. I would recommend using that terminology. 3. I would strongly recommend for this review to focus only on human studies. Rodent models of IBD are rather imperfect, especially in the setting of obesity. 4. I would recommend shortening the pharmacology section as much as possible. 5. I am not sure what the roman numbers mean after reference 84 in the text? 6. "Obesigenic" should be changed to obesogenic 7. "hampers interpretation of the currently literature" should read as: hampers interpretation of the current literature 8. "immune-mediated disease and IBD" should read as: immune-mediated disease, including IBD

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26133

Title: Interaction of obesity and inflammatory bowel disease

Reviewer's code: 00036825

Reviewer's country: Hungary

Science editor: Jing Yu

Date sent for review: 2016-04-02 23:51

Date reviewed: 2016-04-30 02:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors apply excessive number of articles but the result of review is modest. When data of literature are conflicting, outcome, suggestions, explanations are missing. Questions remains to discuss: Obesity is not a risk factor in Europe as mentionned is the manuscript- what is the explanation ? The role of obesity in type 2 diabetes is well known. What is the prevalence of the diabetes in obese IBD patients? The role of nutritional factors those affect adipose tissue remains to discuss in relation of the pathogenesis of IBD. Over the microbiome the role of intestinal proteases remains to discuss in the generation of the bowel mucosa permeability disturbance representative on IBD. In obese IBD patients how these enzymes exert role? Remarks : Functional bowel disease do not need for surgery. Section of the definition od obesity should be shortened, even the section " Medical and surgical weight loss in IBD ".