

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 27118

**Title:** Focus: Future of fecal calprotectin utility study in inflammatory bowel disease

**Reviewer's code:** 00503587

**Reviewer's country:** New Zealand

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-05-13 08:27

**Date reviewed:** 2016-05-25 05:38

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 checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This manuscript describes the usefulness of FC measurement in a series of Canadian patients. Specific Comments 1. The term indeterminate colitis is used incorrectly. This should be IBDU 2. In the INTRODUCTION one particular product is specified but others are not. No product names required here (to avoid bias) 3. Parts of the METHODS and RESULTS are long and hard to read. Shortening may be advantageous 4. The first part of the RESULTS does not have a subheading currently 5. On page 9 it is stated that 177 patients were from academic centres. However two pages later this figure is given as 210 6. On page 13, a sentence refers firstly to seven patients and then to eight: one of these numbers is incorrect 7. The DISCUSSION could be shortened and made more focused to enhance readability 8. The Figure legends (page 19) do not include figure titles Subsequently the Figures are provided with contradictory titles. 9. Table legend/title could be improved also

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 27118

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**Reviewer's country:** Romania

**Science editor:** Ze-Mao Gong

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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"/> 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 type="checkbox"/> No	<input 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 type="checkbox"/> No	

## COMMENTS TO AUTHORS

This observational study was focused on physician perspective of the use of fecal calprotectin in the diagnosis and management of inflammatory bowel disease (IBD). Via online surveys and reviews of the medical records, they found out that FC levels determined a change in management in about half of the time, including a significant reduction in the number of performed colonoscopies, with substantial cost savings. Overall, in 97.5% of the time, the physicians found the test useful enough to be used in the future, in the same situations [as an objective measure of inflammation, and to differentiate between IBD and Irritable Bowel Syndrome (IBS) at diagnosis and between symptoms of IBS and IBD in patients already diagnosed with IBD]. The topic of the manuscript falls within the scope of World Journal of Gastroenterology. The manuscript is written in an elegant manner, easily to be followed. It is very interesting and it respects the overall structure of a manuscript. There is a lot of wonderful work in this study, very nice and thorough analysis of the results, in detail. Discussions addressed main issues with the use of FC and are comprehensive, but to the point. Potential limits of the study were mentioned. Tables and figures are correct and very illustrative. Statistical calculations are appropriate. Most important references were included. The results could

greatly improve the readers' practice. The study is impressive. It shows the first Canadian data evaluating the role of FC in clinical practice, with demonstration that physicians find FC testing to be very useful not only for managing patients known to have IBD, but also to diagnose IBD in those with GI symptoms. The results give some ideas on how fecal calprotectin use might impact on clinical practice in the foreseeable future and provide important findings. Some minor comments:

1. Among exclusion criteria - according to the literature, patients with polyps/polypoidosis, allergic digestive disorders, concomitant celiac disease or mucoviscidosis should have been also excluded, as they may have high levels of FC. This is not mentioned in the manuscript.
2. The sentence "It was at the discretion of the individual treating physician as to how the FC result was to be interpreted." is not clear. The negative and positive values should have been mentioned for the CF test and interpreted accordingly, not arbitrarily. If it is really true that any physician interpreted the FC results in his/her own way, then the results of this survey are not reliable at all. However, later in the manuscript the authors mentioned that "Given the heterogeneity in the indication for FC in the study cohort as well as the uncertainty in the current literature relating to what is considered a 'positive' and 'negative' FC, the primary outcome of change in management was analysed according to a positive result being >250 microg/g as well as >100 microg/g. Within the follow up subset, a FC result of >100microg/g was considered positive." Which one then? Please clarify. It is explained somehow in the "Results" and "Discussions", but not in "Material and methods".
3. Please use IBD U (IBD unclassified) instead of "indeterminant colitis", as this is the term used nowadays, according to the new classification. It is unacceptable to use the old term in the Abstract.
4. Seventy five % of complete responses = acceptable for a survey, if there is a balanced geographical distribution of the GIs. Two thirds are from academic centers, which is good.
5. I would include the "FOCUS - fecal calprotectin requisition survey" in the main manuscript, not as a supplementary material (appendix 1), as it is necessary to know what the questions were. This is very important. Readers should know what was asked, since the answers are provided (in the Results) and Discussed. Especially about ordering FC [Please select the statement below that most accurately reflects your rationale for requesting a

## ESPS PEER-REVIEW REPORT

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**Reviewer's country:** Sri Lanka

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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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
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		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

This is a good study. The authors have discussed the limitations of the study.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

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**Reviewer's country:** Australia

**Science editor:** Ze-Mao Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The implementation of faecal calprotectin in clinical practice is a topic of importance and interest to the gastroenterology and wider primary care community. This manuscript is well written and the methodology, whilst imperfect, has characterised the role of calprotectin well in real world practice, showing a potential benefit in terms of cost reduction by reducing number of colonoscopies in this group.