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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31903

Title: Chronological Age when Health Care Transition Skills are mastered in Adolescents/Young Adults with Inflammatory Bowel Disease

Reviewer's code: 02519674

Reviewer's country: Slovakia

Science editor: Jing Yu

Date sent for review: 2016-12-14 15:46

Date reviewed: 2016-12-21 17:50

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Although the number of subject is not sufficient to draw any definite conclusions, the study is well designed and performed. Moreover, it points out to the limitations and future directions.



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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31903

Title: Chronological Age when Health Care Transition Skills are mastered in Adolescents/Young Adults with Inflammatory Bowel Disease

Reviewer's code: 01220198

Reviewer's country: United Kingdom

Science editor: Jing Yu

Date sent for review: 2016-12-14 15:46

Date reviewed: 2017-01-08 08:16

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

Congratulations on a nice piece of work . The results particularly highlights the need for young persons services to reach put at least 19-20. Warm congratulations on the work



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31903

Title: Chronological Age when Health Care Transition Skills are mastered in Adolescents/Young Adults with Inflammatory Bowel Disease

Reviewer’s code: 03254778

Reviewer’s country: United States

Science editor: Jing Yu

Date sent for review: 2016-12-14 15:46

Date reviewed: 2017-01-07 04:12

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

A timely work with good foundational insight. I have several questions/comments: **Methods:** 1. It would be helpful to frame your 10 years of data collection and 144 patients with the total number of potential patients seen in clinic during this time. What is your capture rate? Was this random sampling? What sampling tool/framework was used? Clarification needed. 2. Throughout the piece there are minor formatting issues, missed words, misspellings. An example of this is in the first paragraph of the methods, “Insurance” I believe was meant to have a bolded I? 3. I struggle to accept your choosing 0.75 as a cutoff. How did you come to accept this value? Additional evidence/support for this number is needed: distribution of scores, previous scorings, scores tied to hard outcomes, etc. 4. Thank you for references 8&9. Very helpful in tool identification, validation, etc. **Results:** 1. Re: 85 pts completed x1, 41 x2, 18 3+ times. I feel a discussion of retention rate needs to be addressed. Could this be related to the sampling frame question above? 2. You note that “On average, females had higher transition scores, when compared to their male counterparts.” Why would this be? Please consider commenting on this apparent inherent disparity. 3. Likewise, please consider commenting



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on race disparities. 4. Also, any comment on the relative size of disparities? Does insurance status/SES explain more variation than does race? 5. Table 2 reveals very low N for the 18-19 yo group and >19 yo group. Should we only compare the first 3 groups? Please provide evidence that we can still trust your conclusions about the latter 2 groups. 6. Table 3 bolding of first letters is distracting, though I recognize this may be a factor of the submission website. 7. Figure 1. I am unclear what the numbers by the dots mean (N?). Good figures stand alone. If they are N, very low numbers on the right to base conclusions on. 8. Table 4. Please reference comments 2-4 above.

Discussion: 1. You state in your second sentence that "These findings can be used in clinical care in order to benchmark AYA's skills in relation to their peers..." I think this statement is true, but only if one assumes that your population is similar enough to ours. A qualifying statement is needed. 2. In the 4th full paragraph, you state "In the United States, it is common for AYA to leave their parental home around the age of 18 to live independently." Is this true of your population? Are there plans to assess this? There are some data that suggest that the current trend is for >18yos to stay in their parents' homes longer. I might suggest you support/check this assumption. 3. Did the authors mean chronological age in the sentence beginning "In some studies, providers have identified psychological..."? Please proofread and consider revising this sentence. 4. With respect to the sentence beginning "Understanding of the US healthcare system...", this is a bit of a stretch. Do any of us need to understand the US healthcare system to receive adequate clinical care? I agree that everyone needs to be able to navigate their particular health system. Are you suggesting that adolescents are ill-equipped to know their own particular health system? In certain parts of the country, it seems that they find the ED just fine... 5. I wholeheartedly agree with the following sentence, "Conversely, it is possible that AYA do not develop these skills at a younger age because their parents and healthcare team do not have an expectation that adolescents participate in these responsibilities." 6. Re "Future interventions should focus on assisting AYA in developing mastery of HCT transition skills before living independently." This suggestion rings true if your assumption about independent living is true. Please check/support the assumption that it is common for AYA to leave their parental homes around age 18. 7. Consider moving the study's strengths to the top of the discussion secti