



## BAISHIDENG PUBLISHING GROUP INC

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### PEER-REVIEW REPORT

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

**Manuscript NO:** 32512

**Title:** MRI may predict deep remission in patients with perianal fistulizing Crohn's disease

**Reviewer's code:** 00180872

**Reviewer's country:** Israel

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-02-04

**Date reviewed:** 2017-02-14

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

I received the text in a draft version (including all track changings). I don't think this is a proper way for submission I am willing to review it in a better version



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### PEER-REVIEW REPORT

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

**Manuscript NO:** 32512

**Title:** MRI may predict deep remission in patients with perianal fistulizing Crohn's disease

**Reviewer's code:** 03699888

**Reviewer's country:** United Kingdom

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-02-22

**Date reviewed:** 2017-02-22

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 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

Well written, clearly defined deep remission and clinical remission



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## PEER-REVIEW REPORT

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

**Manuscript NO:** 32512

**Title:** MRI may predict deep remission in patients with perianal fistulizing Crohn's disease

**Reviewer's code:** 01551089

**Reviewer's country:** China

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-02-22

**Date reviewed:** 2017-03-06

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

### COMMENTS TO AUTHORS

This study described the clinical and radiological advances of fistulizing perianal CD in a cohort of 49 patients who were treated with anti-TNF- $\alpha$  agents for 40 months. They showed that one third of clinical remission patients had a persisting pathology on MRI, which indicated deep remission and was associated with the absence of rectal involvement. Authors concluded that deep remission was achieved in approximately one third of patients who were administrated with anti-TNF-alpha therapy and the absence of rectal involvement was predictive of deep remission. This study is of clinical value to patients with perianal Crohn's disease. However, there are some defects that needed to be noticed. 1. This manuscript is lacking in sufficient introduction of the current progress about diagnosis and therapy of perianal CD. More information about deep remission of perianal Crohn's disease should be involved because the definition is still controversial. 2. Defining deep remission as the association of clinical remission and healing on MRI may not be completely reasonable. Mucosal lesion under endoscopy



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should be considered. This reviewer considers that deep remission should be defined as an integrated assessment of clinical remission and mucosal heal. Then the correlation between deep remission and MR image should be analyzed to explore the predictors of deep remission. 3. There are some minor spell mistakes in the manuscript. For example, "reportedfollow-up at line 1 paragraph 3 of the discussion section," and "." at line 3 paragraph 5 of the discussion section.