



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer's code: 02446483

Reviewer's country: Canada

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-05

Date reviewed: 2017-07-05

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 checked="" 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

IBD is a chronic and potentially debilitating disease course and can represent a heavy burden for patients, impacting every aspect of the affected individual's life. IBD treatment goals have evolved in the last 15 years. Work-disability rates of IBD patients vary considerably in the literature, with rates between about 3% and 27.1 % reported. The available studies are substantially different with regard to time periods, study design, definitions of disability, geographic area and patient cohorts. Additionally, there are differences in the social-security systems influencing possibly not only access to therapy but also employment and other rates. The manuscript targets the Dutch population and is well conducted and well written. I would add more details about the social-security system in the discussion and I would have some more details/data about biologics introduction as prevention and therapy to prevent WD.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer's code: 00069819

Reviewer's country: Jordan

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-13

Date reviewed: 2017-07-13

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

In this paper, the Authors investigate the prevalence of and risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease. The manuscript is complete and well written, and it is expected to improve our knowledge of the health economics of IBD. Yet, I have the following comments/suggestions for the Authors: 1. In order to be more informative, the title should be changed to "Prevalence of and risk factors for partial...etc", since one of the main objectives of the present study is to determine the overall prevalence of work disability in their IBD patients. 2. The methods section in the abstract is too short. The Authors should expand on the methods followed to gather data. The Authors should also state clearly the type of study. 3. The results section in the abstract is not exhaustive. For instance, the Authors should provide here the confidence intervals for their results, in addition to the most significant results according to disease location and behavior. 4. Table 1 is not only about the



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https://www.wjgnet.com

demographic characteristics, as clinical features are included. The Authors should change the title to “Demographic and clinical,,,,,etc”. 5. In Table 3, the title should be changed to “Univariate and multivariate regression analyses of full and partial work disability in patients with Crohn’s disease”. 6. In table 4, the title should be changed to “Univariate and multivariate regression analyses of work disability in patients with ulcerative colitis”. 7. In table 5, the title should be changed to “Univariate and multivariate regression analyses of full and partial work disability in patients with ulcerative colitis”. 8. In Tables 2-5, the abbreviation TNF should be explained in the legend as “Tumor necrosis factor”. 9. In the discussion section, the Authors should expand on the surprising results of more prevalent disability in patients with history of anti-TNF use. Did those patients receive anti-TNF drugs as rescue therapy (most likely) or as “top-down” therapy (less likely)? Furthermore, the Authors should provide their explanation of why is it that the use of immunomodulators (well established to help maintain remission in patients with IBD, and thus possibly decrease work disability) is associated with higher work disability. Could this be secondary to more severe disease rather than the use of these drugs per se? This is important to answer because otherwise the potential reader would get the wrong message. 10. The conclusions are weak; the Authors should provide their perspectives and suggestions for future studies.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer's code: 02856346

Reviewer's country: Poland

Science editor: Ya-Juan Ma

Date sent for review: 2017-06-28

Date reviewed: 2017-07-15

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"/> 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 checked="" 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

In this study, clinical data were retrieved from Dutch IDB Biobank consisting of less than 3.500 patients who received the treatment in 8 University Medical Centers in the Netherlands. Authors focused on patients disability in more than 2700 patients compared with the normal Dutch population. Among disabilities sick leave, partial and full disability as well as long duration of disability were concerned. It was found that work disability was higher in CD and UC patients, especially females and in those who were less educated with extra-manifestations compared to general Dutch population. The lower education level as well as disease complications were associated with long-term full disability. It is concluded that early assessment of work disability should be screened to predict the risk for work disability among IBD patients and to reduce the overall cost of the therapy. This study analyzes a large cohort of IBD patients and points out an important complication of human IBD pertaining to the prevalence of



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https://www.wjgnet.com

work disability in these patients. Although the number of evaluations is impressive and in general, this paper is fine, the minor points are addressed to Authors for the improvement of this paper in the form presented. Minor comments

1. The major issue that needs clarification for patients enrolled to this study is at least, more Authors commentaries to the question whether the cause of disability solely reflects the IBD as predominant disease or another, perhaps, age-related comorbidities or pre-associated diseases can interfere with those considered as truly IBD patients. Authors should comment in the text of Introduction, how they tried to cope with this problem.
2. Please clarify in the text of Methods how and from which protocol you have defined in this study and accepted the criteria for the two-types of disability: partial (35%-80%) and full (>80%). Which percentage classification is it based on or maybe this is the national Dutch recommendation?
3. Please clarify in details in the text of Methods what you meant by using the term "lower education" concerning the lack of any school or alimentary education without a higher education (?) and what you meant for the patient therapy by saying "immunomodulator use" ?
4. According to this study, surgery in IBD patients constitutes a major risk of their long term work disability. It would be worthy to comment, if specific analysis not available, which conventional pharmacological treatment besides biological therapy with anti-TNF- α (i.e. 5-ASA, corticosteroids, azathioprine, 6-mercaptopurine?) led to a partial or full disability in patients who suffered from CD and UC despite the treatment used.



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https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer’s code: 00034127

Reviewer’s country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-05

Date reviewed: 2017-07-18

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

Excellent original publication.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer's code: 01429143

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-13

Date reviewed: 2017-07-19

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 checked="" 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

I enjoyed reading this paper, nicely written and tackling an important issue in the health service and in general for the wrk productivity. My only concern is related tenth arbitrary definitions used in the study, which to my understanding were derived by the actual regulation for work leave in Netherlands. I wonder how this information is valid in other health service context and how it relates to a more widely use methodology to evaluate the work productivity (or not productivity) like WPAI. These potential limitations should be clarified and acknowledged



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https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer's code: 00227388

Reviewer's country: United Kingdom

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-13

Date reviewed: 2017-07-19

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 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"/> 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

Dear sir / madam I am happy to accept this manuscript for publication for the esteemed Journal. Whilst clinical practice & knowledge of socio-economic factors of a country can predict the outcomes of partial & complete work disability but certainly it is good to have studies like this to confirm the. Mechanical impression. On a societal level this study highlighted the importance of gastroenterologists taking a positive interest & need for appropriate support in getting patients to work & help the overall society & above all the patient with IBD.



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Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34934

Title: Risk factors for partial and full work disability in Dutch patients with inflammatory bowel disease

Reviewer's code: 00068308

Reviewer's country: United Kingdom

Science editor: Ya-Juan Ma

Date sent for review: 2017-07-13

Date reviewed: 2017-07-27

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

This is a well-written paper exploring a rapidly evolving area of IBD research. The inherent limitations of this study are somewhat understandable and provide further direction to research in this important area. Congratulations on an informative study that raises important questions.