



## PEER-REVIEW REPORT

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

**Manuscript NO:** 81411

**Title:** Older adults with acute severe ulcerative colitis have similar steroid non-response and colectomy rates as younger adults

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05870137

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Additional Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2022-11-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-17 06:23

**Reviewer performed review:** 2022-11-29 10:35

**Review time:** 12 Days and 4 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

### **SPECIFIC COMMENTS TO AUTHORS**

Title of the manuscript needs changes, authors are presenting an outcome based on a retrospective data. The title does not reflect the same. Core tip needs modification. In core tip the gist with primary findings should be mentioned; whereas, authors mentioned 1st line of 2nd para of introduction as the first line of core tip, this is already referred by someone else. Manuscript should be revisited to check - use of article(s), verbs and punctuation marks. As it is a retrospective data so quality could not be assured; authors also mentioned it in their limitations. However, they believe that the data is extracted from a subspecialty hospital which follow proper guidelines thus, it is generalizable.



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**Reviewer’s code:** 03544596

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Academic Editor, Associate Professor

**Reviewer’s Country/Territory:** Turkey

**Author’s Country/Territory:** Australia

**Manuscript submission date:** 2022-11-15

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2023-01-15 17:30

**Reviewer performed review:** 2023-01-17 19:39

**Review time:** 2 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Dear Editor, I should first thank for inviting me as potential reviewer to read and comment on paper entitled “Older adults with acute severe ulcerative colitis have similar steroid non-response and colectomy rates as younger adults”. In the current study, the authors aimed to assess steroid non-response rate during the index admission for acute severe ulcerative colitis in older adults. The abstract summarizes and reflects the work described in the manuscript. The manuscript adequately describes the background, present status and significance of the study. Materials and method section is adequate. Ethics Committee approval was received. Tables are sufficient and well-organized. Short and long-term outcomes of acute severe ulcerative colitis in this older patients is not well described in the literature. I think that it will contribute to the literature because of that. The manuscript interprets the findings adequately and appropriately, highlighting the key points clearly. Also, the manuscript appropriately cites the important and authoritative references but does not cite the recent published articles. If the recent published articles are cited, the manuscript would be better.



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**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05755466

**Position:** Peer Reviewer

**Academic degree:** MD, MM

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2022-11-15

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2023-01-17 15:37

**Reviewer performed review:** 2023-01-22 16:28

**Review time:** 5 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

There is indeed an absence of data on ASUC outcomes in the elderly population. This retrospective multicentre cohort study included ASUC admissions and then compared steroid non-response rates, response to medical rescue therapy and index admission colectomy. To my interest, the authors found that steroid non-response rates and short and long-term risk of colectomy in older adults were comparable to those younger patients. Thus I think this study will have important implications for the clinical management of ASUC in the elderly. I have no doubts about the author's intellectual base and the logic of the article, and I also did not notice any obvious methodological errors.