



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Pathophysiology*

Manuscript NO: 73966

Title: Increasing Thirty-Day Readmissions of Crohn's Disease and Ulcerative Colitis in the United States: A National Dilemma.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05625827

Position: Peer Reviewer

Academic degree: FASCRS, MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-23 22:32

Reviewer performed review: 2022-01-01 07:51

Review time: 8 Days and 9 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

This manuscript reports an increasing thirty-day readmissions of Crohn's disease and ulcerative colitis in the United States. The methodology is straightforward. However, I think that the results are not discussed sufficiently and conclusion are not meaningful in manuscript. 1. I think you need to clearly articulate why this study was undertaken in the introduction. Although you state that the rising prevalence of CD and UC is concerning as patients with CD and UC may frequently relapse leading to recurrent hospitalizations, you investigate "30-day" readmission as primary endpoint. 2. The authors should explain the first abbreviation in the manuscript; LOS and THC. 3. Is your conclusion correct? "..., the total number of 30-day readmission for CD and UC increased with higher total readmissions for CD." I apologize for the delay in advising you on the progress on the paper that you submitted to the World Journal of Gastrointestinal Pathophysiology. I hope these comments will be helpful.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06106956

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Assistant Professor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: United States

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



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

Thank you for submitting this manuscript to the World Journal of Gastrointestinal Pathophysiology. The study entitled "Increasing Thirty-Day Readmissions of Crohn's Disease and Ulcerative Colitis in the United States: A National Dilemma" shows an overall increasing trend of 30-day readmission for both CD and UC, a predominantly higher female to male ratio of readmissions for CD, a disproportionate increase in readmission rates among teaching hospitals, and a higher total hospital cost for UC readmissions, among other findings. The study was limited by the lack of data on the exact duration until readmission, the severity of the index admission, and pharmacologic treatments used, all of which might have logical explanations to the main finding of the study. While the study findings are of high value to public health officials in the United States, it may not align very well with the scope of this Journal. But overall, it is very well written, concise, and to the point. I still do have specific comments/issues I would like to be readdressed prior to acceptance. they mostly revolve around the explanations to the findings in the discussion section. Here are some examples: In paragraph 3 of the discussion, the author(s) suggested that the rising readmission rate can be "in part, be due to a rising prevalence of IBD in the general population". However I would suggest to provide clear statistics that reflect the increasing rate was indeed proportionate to the rising prevalence (for example for each 2% annual increase in IBD prevalence there was a 1% increase in readmission rate). In paragraph 3 of the discussion, the author(s) stated "an increase in the flare-ups of IBD which may account for about 50% of the readmissions or due to non-IBD related causes such as infections secondary to the widespread use of biological agents or immunosuppressants." without



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citing a reference to that statement. Also, this is a speculation since the present study is limited by the lack of information on pharmacologic treatment used. In paragraph 3 of the discussion, the author(s) stated "a severe index admission of IBD which co-relates with higher readmissions rates may also be a contributing factor". Again, the study was limited by the lack of information on the severity of index admission so this explanation is a speculation. It also contradicts what the results of the present study had shown with no change in mortality rates and LOS despite the increasing rates of readmission. One might expect that if severity of IBD is increasing with time, that mortality rates and LOS will increase with it as well. In paragraph 4 the author(s) stated "The mean age for 30-day readmissions increased for both CD and UC. The difference in the mean age between the two groups is approximately 7 years. These finding reflect current literature which reports that patients with CD tend to be younger and the mean age at the time of diagnosis of CD is usually 5-10 years earlier than that of UC". while this statement explains the mean age difference between UC and CD, it doesn't give an explanation of why the mean age for readmission went up from 2010 to 2018 both in CD and UC. In paragraph 5 the author(s) discussed some explanations to the increasingly higher proportions of readmissions to teaching hospitals. They stated "Moreover, an urban location, which has a greater population density, is more likely to yield higher readmissions compared to non-urban/rural areas". This explanation is logical for a single point in time but does not explain the percentage of teaching hospitals readmissions in 2018 compared to previous years. Instead, one might speculate that there might be demographic shifts and more people moving from non-urban/rural areas to urban locations between 2010 and 2018. But this has to be backed by scientific facts from the US consensus Bureau for example. I've included those in the attached word file as well for ease of access.