

# ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 8748

**Title:** Predictors of Response to anti-TNF therapy in Ulcerative Colitis

**Reviewer code:** 02148395

**Science editor:** Yuan Qi

**Date sent for review:** 2014-01-05 18:55

**Date reviewed:** 2014-01-09 08:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

# COMMENTS TO AUTHORS

The review "predictors of response to anti-TNF therapy in ulcerative colitis by E.Zampeli et al. analyzes the use of anti-TNF in moderate and severe UC refractory to corticosteroids and immunosuppressants. Not all patients respond and anti-TNF can have severe side effects. In addition, the treatment is expensive. Therefore the authors considered it important to search for parameters that could predict response. The introduction is informative, but too verbous and should be cut by half. The authors proceed with introducing the two anti-TNF antibodies mostly used, IFX and ADA, where only for IFX data exist on patients with severe, steroid refractory disease. The short term response rate to both drugs is similar, long term response appears somewhat better with IFX. Non-responsiveness or loss of responsiveness is poorly predictable and reasoning is many described for patients with CD. The authors first discuss the clinical outcome, which is summarized in Table 1. They then report on the laboratory investigations, where CRP is the most common marker and was predictory of response. Besides CRP, hemoglobin was also a response predictor, which, however, was not as clear for serum albumin. In concern of immunological markers, absence of p-ANCA correlates with better response. Pretreatment mucosal TNF, IL-17 and IFNgamma were also predictive. An array analysis revealed a correlation with adaptive immune response genes. Studies on genetic polymorphisms are at too early a state, but IL23R polymorphism may play a role. Expectedly, response is better without immunosuppressive treatment. In the following the authors describe the prognostic factors during treatment. Early responders will profit for long term. A drop in CRP, changes in T helper genes, Treg and mucosal healing were additional parameters of some predictive value. Treatment related factors provided not much information, except those to be judged by



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common sense. The review finishes with a statement that response markers are not yet appropriately well defined. This is a fair review, but is boring to read and in view of the authors conclusion that not sufficient data are available, I suggest to strikingly shorten the review not to steal readers time. Some constructive criticism based on integrating the individual puzzles is strongly recommended.

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 8748

**Title:** Predictors of Response to anti-TNF therapy in Ulcerative Colitis

**Reviewer code:** 00037816

**Science editor:** Yuan Qi

**Date sent for review:** 2014-01-05 18:55

**Date reviewed:** 2014-01-13 18:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The number of UC patients is increasing on the worldwide, and recently anti TNFa therapy is a standard therapy for moderate to severe UC. So this manuscript is timely and clinically very important and should be accepted in the WJGP. Minor comments There are some misspelling and grammatical errors. Add table Authors should show the prodnastic factors on the table.

### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 8748

**Title:** Predictors of Response to anti-TNF therapy in Ulcerative Colitis

**Reviewer code:** 00158958

**Science editor:** Yuan Qi

**Date sent for review:** 2014-01-05 18:55

**Date reviewed:** 2014-01-22 14:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

1. It is a review article, where the authors have reviewed various studies, on Anti-TNF therapy has been used in patients with CL. It appears, the authors collected the data from a large number of trial studies and tried to put together in the form of case study reports.
2. Is the article written on the pattern of journal needs? This must be examined.
3. No specific conclusion has been made by the authors for anti-TNF therapy in UC patients. Since there are overlapping between CD,IBD and UL, as far as the inflammatory response is concerned, the results are non-conclusive, therefore of little clinical implications.
4. There is lot of repetition of the statements in the paper, which must be avoided.
5. Paper may be considered for publication as minireview, after considerable changes are made in the text format.