



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 23799

Title: Ethnic Variations in Ulcerative Colitis: Evidence from a Private Hospital for Medical Tourism

Reviewer's code: 02927318

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-02-11 19:23

Date reviewed: 2016-02-22 08:00

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', etc.

COMMENTS TO AUTHORS

In this paper, the authors conducted a retrospective single-center study to investigate the clinical characteristics, treatment, medication use, and treatment response of patients with UC in Thailand. It is interesting that the results showed ethnic differences in severity, distribution, and response to treatments for UC. However, this manuscript contains several crucial problems. Therefore I have concerns as follows: 1) Inclusion criteria should be described more clearly. For example, how was the diagnosis established in this study? The authors should describe about in the Method section. 2) How the active colitis and the disease distribution were assessed is also not clearly described. Did all of the patients need total colonoscopy to confirm the distribution of the colitis? 3) Because which data show significant differences and which do not is not clearly showed in the Results section or the Tables and Figures, the results of this study are difficult to understand. For example, the authors stated that "ME patients had highest prevalence of pancolitis" and also stated that "Overall, 29.23% did not respond to steroid therapy, higher proportion of non-responder among Oriental and South Asian patients" in the Results section. Are these significant differences? 4) How were the patients



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having steroid resistant defined in this study? 5) Other treatment options, such as immunomodulators and biologics, are supposed to be evaluated and discussed in this study. 6) If there are any significant differences included in Figures, the authors should show the difference using e.g. \* and \*\*.



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Title: Ethnic Variations in Ulcerative Colitis: Evidence from a Private Hospital for Medical Tourism

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Reviewer's country: India

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COMMENTS TO AUTHORS

This article "Ethnic Variations in Ulcerative Colitis: Experience of an International Hospital in Thailand" covers an important area in IBD. The authors need to mention why the patients with other ethnicity visited their hospital, for medical tourism or did they need admission on holidays? Authors mention the difference in the disease extent in different ethnic groups. The anatomic extent changes in almost a fourth of patients over period of time. The authors should mention if they have adjusted the disease extent to the duration of disease. The para "Assuming comparably high socio-economic status of our patients, the Thai population had two times lower incidence of pancolitis than Oriental. This finding is useful for both clinicians and patients to choose 'optimal' investigation when expense, invasiveness, and yield are of concern. That is, a Thai patient who prefers gentle procedure and/or has cost concern might be more likely to get sigmoidoscopy than a Japanese patient with similar conditions." Needs explanation: Is this for initial diagnosis , follow up or for surveillance? The statement " Our institutional data revealed that Middle Eastern patients had almost twice the incidence of UC as that of Caucasian patients" is biased. This is a select group of patient with



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relatively small sample size and cannot be generalized. The statement “Our clinical practice has taken this into account by tailoring the initial investigations to meet the different needs. For example, although a Thai patient who presents with chronic diarrhea would receive stool examination and culture, a Middle Eastern patient with the exact same condition would also be tested for fecal calprotectin.[10] “ is questionable in practice. Would the authors treat a patient separately depending on ethnicity of a patient presenting to their international hospital? What in their opinion, should be change in current guidelines