

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 30796

Title: Current practice and clinicians' perception of medication non-adherence in patients with Inflammatory Bowel Disease: a survey of 98 clinicians

Reviewer's code: 03658343

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2016-10-19 12:03

Date reviewed: 2016-11-01 03:42

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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Good paper, would like to see an opinion or current advances in regards to technology platforms aiming to increase patient adherence. It can provide an optimistic view on an external factor to help assist patients to stay compliant due to the main rank determined as forgetfulness. A table of the questionnaire sent to the clinical care team would also be intriguing to read in the supplemental material.

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Title: Current practice and clinicians' perception of medication non-adherence in patients with Inflammatory Bowel Disease: a survey of 98 clinicians

Reviewer's code: 03647918

Reviewer's country: Belgium

Science editor: Jing Yu

Date sent for review: 2016-10-19 12:03

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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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript is well written and gives a clear overview of the perception of clinicians about medication non-adherence in IBD. Abstract In the method section, please rephrase the 1st question: to a web based survey collecting data were collected on clinician... Background & Aims The background is well illustrated with references that support the importance of adherence in IBD and the impact on outcomes. The research questions and objective are clear. Methods The data collected were outlined. But some extra clarification can be necessary: 1. The survey was piloted with 8 specialists...What kind of specialists? 2. The questionnaire was amended based on their feedback. What feedback was given? Were there a lot of changes made? 3. When the questionnaire was not completed, was a reminder sent? 4. During what time period were the data of survey collected? Results Results are clearly described. Some minor remarks: 1. The 98 participants that completed the survey, did they all fully completed the questionnaire? 2. Please change the last question in 'managing non-adherence'. (rank 3) and. Patient counselling was ranked... 3. Maybe table 6 can be added? Discussion All findings are well discussed. Some minor remarks: 1. In the 5th paragraph,



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you refer to the similar study by Trindade et al who found 77% of participants (self)reporting screening for adherence. Where did you find this in their manuscript? Maybe I am mistaken, but can you please clarify this. In the manuscript is stated United States (23). Why is the 23 standing here? 2. In the paragraph mentioning interventions aiming at improving non-adherence, you can also mention the important role of the IBD nurse in this. 3. Do you have an explanation for the low response rate? Where reminders sent? Tables Table 2: please add (%) after column A:...levels Table 3: you are always mentioning BIOL and in this table you write anti-TNF therapy, please change this.

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Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 30796

Title: Current practice and clinicians' perception of medication non-adherence in patients with Inflammatory Bowel Disease: a survey of 98 clinicians

Reviewer's code: 03658410

Reviewer's country: Greece

Science editor: Jing Yu

Date sent for review: 2016-10-19 12:03

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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 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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

It is a manuscript on the non-adherence to IBD maintenance medication which occurs frequently and yet clinicians struggle to detect and address it. Authors have conducted a survey trying to ascertain physicians and other health care providers perceptions and to describe current practice. Authors found that non-adherence was seen as an infrequent problem by 57% of 98 respondents and levels of non-adherence were estimated lower than evidence suggests by 29% for mesalazine (5ASA), 26% for immunomodulators (IMM) and 21% for biologics (BIOL). Most respondents identified the main factors associated with non-adherence in line with evidence and often counselled patients accordingly. Authors concluded that clinicians treating IBD patients frequently underestimate non-adherence and use of validated screening tools is infrequent. Authors suggest that professional education should focus more on non-adherence practice to avoid adverse treatment outcomes associated with non-adherence. Major comments 1. Please make clear in your survey the questions you choosed to separate reasons for non-adherence as patient-related, physician-related, drug related and other reasons-related (i.e financial, insurance etc) 2. Please inform how final questions



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were chosen and if there was a pilot study to check consistency or if your questionnaire was previously validated in a separate population. 3. Please comment why you did not choose to investigate adherence to oral steroids or/and to enemas and/or number of pills 4. Please explain your low response rates 98/775 and how this could have affect your results. 5. Please comment on how different proportions of different health care providers (not balanced for age, sex and years of previous caring experience) who have answered your questionnaire could have affect your results. 6. Please comment if you found any relationship or prognostic factors regarding intentional vs non-intentional non-adherence 7. Discussion is long, please restrict it to your major findings and focus only on them Minor comments 1. Please amend references to the journal style 2. Please combine Tables 2 and 3 3. Please omit Table 4 and incorporate results in the text.

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ESPS manuscript NO: 30796

Title: Current practice and clinicians' perception of medication non-adherence in patients with Inflammatory Bowel Disease: a survey of 98 clinicians

Reviewer's code: 00049509

Reviewer's country: Poland

Science editor: Jing Yu

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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 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
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting paper regarding to the important issue of IBD patients' non-adherence. Despite this well-known phenomenon most of physicians forget about it. In the discussion, could you please conclude what to do to improve this situation. In the list of causes for non-adherence there are not any financial reasons... Why? Please, incorporate results of Table 4 in the text.