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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22688

Title: Relevance of fecal calprotectin and lactoferrin in the post-operative management of inflammatory bowel diseases

Reviewer's code: 00058510

Reviewer's country: United Kingdom

Science editor: Fang-Fang Ji

Date sent for review: 2015-09-17 12:02

Date reviewed: 2015-09-30 16:59

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

This a very well written, well referenced and comprehensive review of non invasive fecal markers in the evaluation in IBD patentees. It summarises the current literature and adds to the current body, identifying further work required in this area. A suitable algorithm is an excellent idea.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22688

Title: Relevance of fecal calprotectin and lactoferrin in the post-operative management of inflammatory bowel diseases

Reviewer's code: 00035982

Reviewer's country: Australia

Science editor: Fang-Fang Ji

Date sent for review: 2015-09-17 12:02

Date reviewed: 2015-10-04 08:08

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 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This manuscript reviews the roles of FC and FL after resectional surgery for CD and pouch formation in UC. These circumstances are quite different, which means that these two parts of the work do not easily fit together. Specific comments: 1. The authors should revise their work carefully to enhance focus and cohesion in the manuscript. 2. The sections on CD and UC respectively are long and hard to read. Subheadings and enhanced focus are both required. 3. The authors should be careful to avoid the use of abbreviations (CRP) without providing an explanation of the term 4. The authors should ensure that all references are located in the correct/standard location (especially when using an authors name and et al). 5. There are numerous aspects of English language use and grammar that all need attention. 6. Some areas have very short (one sentence) paragraphs. As part of revision these could also be remedied.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22688

Title: Relevance of fecal calprotectin and lactoferrin in the post-operative management of inflammatory bowel diseases

Reviewer's code: 02822066

Reviewer's country: France

Science editor: Fang-Fang Ji

Date sent for review: 2015-09-17 12:02

Date reviewed: 2015-10-05 18:32

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

The manuscript (No.29713) by Caccaro et al. reviews the current knowledge about the utility of serial fecal calprotectin and lactoferrin for patients in the post-operative management of their inflammatory bowel disease. This is an important question as high levels of recurrence is observed within 12 months of surgery, especially in patients with Crohn's disease, and an early detection of intestinal inflammation would allow treatment adjustments prior symptomatic relapses. Moreover, patients with IBD can also develop IBS symptoms. However, many questions remain unclear in this setting. To clarify the data provided in this article, a presentation of the main results as tables giving type of disease, type of study with the method used to identify recurrence and/or relapse, calprotectin and/or lactoferrin levels, main conclusions....) would clearly helps Another question is the type of method used for the measurement of fecal biomarkers, especially for calprotectin, as different method (not only the use of ELISA or lateral flow but also the type of antibody used in the method) may give different results. This setting could explain variation in results between different studies In their conclusion, authors claims the need for "an algorithm that stratified the use and the optimal timing of



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fecal markers testing...". Such an algorithm has been proposed by Schoepfer and Lewis in their Editorial in Gastroenterology 2015 but only for calprotectin and colonoscopy. It would be of interest that the authors discuss this algorithm which can be very useful for clinician in their routine practice or propose their own algorithm. This article in propose in the scope of "clinical practice" Minor point: there are some confusions in the units for the measurement of calprotectin and some results appear as mg/g (instead of $\mu\text{g/g}$) p9 and 11.