Baishideng Publishing Group

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47053

Title: Combined evaluation of biomarkers as predictor of maintained remission in Crohn's disease

Reviewer's code: 01587796

Reviewer's country: United States

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-03-28 12:27

Reviewer performed review: 2019-03-30 21:08

Review time: 2 Days and 8 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[ ] Anonymous [Y] Onymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	[Y] Advanced
[ ] Grade E: Do not publish		[ ] Rejection	[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

These authors have tackled the ingenious job of determining which individual indicator or combination of indicators in a "package" of three markers, measured at 12 weeks of anti-TNF therapy, best predicts steroid-free remission at one year. Combined assay of all

three markers seemed to do well, with FCal evidently the best performing of the individual factors.   It would be helpful if the authors could address three particular points: Is it valid to do an assessment of the predictive value of the same three "predictors" that constitute the definition of the endpoint (CFREM)?   2. Has there been any effort to apply this analysis to a validation cohort, enrolled prospectively   or at least elsewhere?   3. Has there been any test of heterogeneity among the three participating centers?   I also note that the Abstract does not state the same conclusion as the text.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[   ] The same title

[   ] Duplicate publication

[   ] Plagiarism

[Y] No

BPG Search:

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[   ] Duplicate publication

[   ] Plagiarism

[Y] No

PEER-REVIEW REPORT

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[Y] Accept (General priority)	[Y] Anonymous
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

Sollelis E et al (Manuscript Number: 47053) describe and evaluate the "Combined evaluation of biomarkers as predictor of maintained remission in Crohn's disease". The observation and analysis objects of this work including assessment of "the performances

of CDAI, CRP and faecal calprotectin Fcal variation, alone or combined, after 12 weeks of anti-TNF therapy to predict corticosteroids-free remission (CFREM) at one year, in CD patients treated with anti-TNF." Findings of this prospective study are "The combined monitoring of CDAI, CRP and Fcal after anti-TNF induction therapy is able to predict favorable outcome within one year in patients with CD."   It is a tough issue to treatment the Crohn's disease (CD) and difficulty to obtain a long-lasting corticosteroid (CS)-free disease remission with a good quality of life. Hence, this work reported here is interesting. This study further confirms the conclusions of "CDAI, CRP and Fcal could be used as predictor of maintained remission in Crohn's disease, and Fcal was the most effective predictor among these three markers."   1. The quality of logic and presentation of the key idea, statistical analysis and discussion are good.   2. The content of the article is corresponding well to the title.   3. On the section of Results, Please delete the redundancy sentences when the tables or figures have clearly showed the same information. The value of the statistical analysis should be written in the corresponding graphs and tables.   4. The Table, Figure, Reference, and special symbols must fit the journal's requirements or format.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

BPG Search:

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[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47053

Title: Combined evaluation of biomarkers as predictor of maintained remission in Crohn's disease

Reviewer's code: 02979974

Reviewer's country: China

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-03-29 13:18

Reviewer performed review: 2019-04-09 18:59

Review time: 11 Days and 5 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[Y] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The research was to assess CDAI, CRP and Fcal variation, alone or combined, after 12 weeks (W12) of anti-TNF therapy to predict corticosteroids-free remission (CFREM= CDAI<150, CRP<2.9 mg/L and Fcal<250μg/g with no therapeutic intensification and no

surgery) at W52. The research topic is innovative, the theoretical basis is solid, the experimental data is reliable, the statistical method is correct, the proof is sufficient, the conclusion is basically credible, the writing of the thesis is more rigorous, and the language expression is accurate. The research results have certain theoretical significance and clinical application value. The inadequacies and suggestions of the thesis: 1. What is the relationship between CDAI, CRP and Fcal variation and clinical and endoscopic remission? 2. CDAI, CRP and Fcal variation of CD was observed in 12 and 52 weeks. Why isn't it observed in 24 or 30 weeks?

INITIAL REVIEW OF THE MANUSCRIPT

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[   ] Plagiarism

[Y] No

BPG Search:

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[   ] Duplicate publication

[   ] Plagiarism

[Y   ] No