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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15216

Title: Gastrointestinal Behçet's Disease: A Review

Reviewer's code: 02984706

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2014-11-17 15:15

Date reviewed: 2014-12-02 08:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade E: Poor		[Y] 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	
		[Y] No	

COMMENTS TO AUTHORS

The data presented is of fair quality considering the dearth of available data. However, the manuscript is poorly organized and is not well-written. Furthermore this review is very superficial and should be more detailed. 1) As there are separate sections for medical and surgical management, it should be discussed in those sections and not in the organ-specific descriptions. 2) Differentiation between Crohn's, ITB, and BD should be better organized in the text. 3) As the paradigm for IBD treatment has become endoscopic / histologic remission, discussion for this paradigm in BD should be addressed. 4) Much of the highly relevant data from the tables should be incorporated in the text. For example, discussion of the IgM Anti-Alpha Enolase antibody should be in the body of the text and warrants further elaboration. 5) Further descriptions of strictures, fistulae, and abscesses should be in the text. It is only in the management section and in the tables.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15216

Title: Gastrointestinal Behçet’s Disease: A Review

Reviewer’s code: 02998298

Reviewer’s country: Germany

Science editor: Jing Yu

Date sent for review: 2014-11-17 15:15

Date reviewed: 2014-12-11 01:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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

Very well researched, concise Review of gastrointestinal manifestations of Behcet's disease. Its well structured text provides information for each segment of the GI-tract. Especially the well selected tables and figures are of great value for clinicians to establish the challenging diagnosis of intestinal BD. Remarks: In the "Prognosis" section: 1. The sentence "Cumulative rates of surgical interventions are 20% at 1 year.." is missing the amount of years after "31-46%". According to the source 89 it should say "10 years after diagnosis". The citation for respective data should contain the original sources (Jung et al. "Influence of age at diagnosis and sex on clinical course and long-term prognosis of intestinal Behcet's disease." Inflamm Bowel Dis. 2012; Kim et al "Clinical manifestations and course of intestinal Behçet's disease: an analysis in relation to disease subtypes." Intest Res. 2005). 2. What source is the statement "Patients with a chronic, relapsing course tend to do worse than patients with CD and similar intestinal involvement." based on? Jung et al. in "Long-term Clinical Outcomes of Crohn's Disease and Intestinal Behcet's Disease" Inflamm Bowel Dis. 2013 did not see any difference and sources 86,87,88 did not compare the clinical courses of CD and BD.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15216

Title: Gastrointestinal Behçet’s Disease: A Review

Reviewer’s code: 02530930

Reviewer’s country: United States

Science editor: Jing Yu

Date sent for review: 2014-11-17 15:15

Date reviewed: 2014-12-11 13:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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

Well written and summarized. Included up to date literature review. MAJOR 1. Page 5, line 18-19. These are features suggestive of Crohn’s disease. 2. Page 8, Medical management. First, refer to the conventional medical therapies used for BD, such as CS, IMs, Colchicine, anti-TNF, IFNalpha, Thalidomide, etc. And then mention that not all have been studied in intestinal BD. MINOR 1. Page 2, Epidemiology. Add the actual prevalence in Asian and Mediterranean countries. 2. Page 4, line 8. Erosions are not serious complications. 3. Page 4, line 15-16. 5-ASA and mesalazine are the same. 4. Page 5, line 28. Table 2, not 3. 5. Page 8, line 12. Etanercept. Mention that there are case reports of its use for conventional BD.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15216

Title: Gastrointestinal Behçet's Disease: A Review

Reviewer's code: 02998119

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2014-11-17 15:15

Date reviewed: 2014-12-14 03:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input 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"/> Duplicate publication	
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<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 checked="" 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

Gastrointestinal Behçet's disease, a review, is a fairly exhaustive review offering a comprehensive review of the myriad gastrointestinal manifestations of this disease. However, there are changes that need to be done to improve its quality so that this review could serve as a go-to-source for gastroenterologists especially in tertiary centers who manage IBD as well as rarer small bowel and colonic diseases such as Behçet's disease. Major: 1. There appears to be scattered mention of surgical and medical management under organ specific involvement subparts. These need to be removed and lumped under the medical and surgical therapy sections 2. There is a table discussing differences between Crohn's and BD. This needs to be discussed better in the body of the text and not just in the table. 3. IgM Anti-Alpha Enolase antibody is mentioned in the table differentiating Crohn's and BD. However this needs to be discussed in the body for differentiating from Crohn's along with references. 4. Epidemiology: 1. Please mention the actual prevalence and/or incidence in Asian and Mediterranean countries. Minor: 5. Esophagus: 'Serious complications such as erosions, perforations, and stenosis may occur', erosion is not a serious complication. 6. Esophagus: 5-ASA and mesalazine are the same thing. 7. Please ensure that table numbers in the body are accurate and similar to the



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actual numbers of the tables. 8. Prognosis: 'Cumulative rates of surgical interventions are 20% at 1 year, 27-33% at 5 years and 31-46% after diagnosis'. Here 31-46% is at what time period?



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15216

Title: Gastrointestinal Behçet's Disease: A Review

Reviewer's code: 02732214

Reviewer's country: Greece

Science editor: Jing Yu

Date sent for review: 2014-11-17 15:15

Date reviewed: 2014-12-16 05:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" 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 type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors have made a very good attempt to summarize and present the available data on GI involvement of BD. In general, the manuscript is well written and could serve as an excellent source for the, unfamiliar with BD, gastroenterologist who is dealing with a possible or definite case. I have only three comments: 1. Page 6, paragraph "Diagnosis": "positive and negative predictive values of 98.6%, 83%, 86.1% and 98.2%, respectively [57]." Please clarify on what prevalence (a priori probability) the predictive values were based 2. Table 2, serologic markers: What are the numbers in brackets stand for? 3. I would like to see more information on involvement of large intrabdominal vessels (vasculitis).