



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35865

**Title:** Fecal calprotectin measurement predicts short-term clinical outcome and presence of mucosal healing in patients with Inflammatory Bowel Disease

**Reviewer's code:** 00069819

**Reviewer's country:** Jordan

**Science editor:** Li-Juan Wei

**Date sent for review:** 2017-08-19

**Date reviewed:** 2017-08-19

**Review time:** 12 Hours

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

In this retrospective study, The Authors investigated the role of fecal calprotectin (FC) in predicting disease flare ups in a cohort of IBD patients. The manuscript is complete and well written, although not sufficiently novel. The topic of the paper falls within the scope of WJG. However, the study has the following flaws: 1. The method section in the abstract is too short. This should be more exhaustive, adding the study subjects clinical and demographic characteristics and the inclusion/exclusion criteria. 2. I believe the key word "relapse" should be added. 3. The introduction section is too long. I suggest moving paragraphs 3 and 4 to the discussion section. Overall, the present study is interesting as it underscores the utility of FC in clinical practice. However, since many articles (and some are prospective studies) have been recently published (four of them on "Inflamm Bowel dis"), I doubt that the present study would add much to what we



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already know about this topic.



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**Title:** Fecal calprotectin measurement predicts short-term clinical outcome and presence of mucosal healing in patients with Inflammatory Bowel Disease

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

Ileocolonoscopy is the gold standard for the diagnosis and assessment of postoperative recurrence in Crohn's disease (CD). Nevertheless, endoscopy is time-consuming and invasive. A minimally invasive and simple screening test would improve patient adherence to examination and provide greater clinical benefit. A number of fecal biomarkers have been evaluated for their utility for the diagnosis and monitoring of inflammatory bowel disease as alternative tests to endoscopy. Fecal calprotectin (FC) has emerged as a reliable surrogate marker of endoscopic remission in Crohn's disease (CD), which has been mainly evaluated using ileocolonoscopy. The manuscript is well written, but there are more than 750 papers in Pub Med searching for FC and IBD. The manuscript may be interesting if a systematic review and meta-analysis are added.



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**Reviewer's country:** Australia

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<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		<input 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 type="checkbox"/> No	

**COMMENTS TO AUTHORS**

This work provides retrospective analysis of FC levels in the prediction of disease course in the following period of time Specific Comments 1. The word endoscopical would usually be written as endoscopic 2. The TITLE implies that it is just the fact of measuring FC that predicts outcome. 3. The results displayed indicated that 39 of 76 patients who had an endoscopic assessment were in mucosal healing. How closely linked was this assessment to the time that the FC was assessed? and/or was FC re-assessed at that time? This is not clear. 4. The use of FC post-resection is a different issue than the use of FC in patients without prior surgery 5. Fig 1 appears to have values with SD or SEM in the bars. This is not what is mentioned in the legend 6. Some of the figures (e.g. number 4) don't have an actual legend. these should be reviewed and enhanced