



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 72318

**Title:** SARS-CoV-2 in inflammatory bowel disease population: Antibodies, disease and correlation with therapy

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03662955

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Chief Physician, Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-10-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-02 12:39

**Reviewer performed review:** 2021-11-08 15:06

**Review time:** 6 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This paper address some important and interesting problems --SARS-CoV-2 antibodies positivity in IBD cohort, COVID-19 disease severity and to evaluate the correlation with clinical/therapeutic variables. Overall the article is well organized and its presentation is good. However some small issues still need to be improved: 1. There are some spelling mistakes in the text. For example "Nevertheless" in the introduction. I would be glad to accept this paper once it has been edited.



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**Reviewer's code:** 03763676

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Director, Doctor, Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

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**Reviewer accepted review:** 2021-10-31 02:00

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**Review time:** 13 Days and 13 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting study which has investigated the effects of Sars-cov-2 antibody positivity on IBD. Sars-cov-2 mainly affects the respiratory system, but many studies have pointed that Sars-cov-2 can function in the GI tract and lead to digestive systems. Please discuss more in the Introduction referring to the review (Am J Gastroenterol, 2020 Jul;115(7):1003-1006. doi: 0.14309/ajg.0000000000000691.) IBD are characterized with chronic intestinal inflammation. Patients with IBD are generally placed on 5-ASA, immunosuppressors, or biologics. It has been well known that immunosuppressors and biologics can lead to some opportunistic infections, in particular for the latter. In theory, patients with IBD should be at a higher risk of infection deterioration when they are placed on TNF-alpha antagonist. However, in this study, there is no definite association. Maybe, this is due to a small size sample. As the authors have addressed this point. But they said in the Manuscript Our results show that the use of biologic therapy does not seem to expose the patients to higher risk of severe COVID-19 disease, even when the infection is present. We did not perform a sub-analysis of the different type of biologic treatment for the small sample size. However, we report that the 80% of patients was treated with anti-TNF agents. This observation opens up to the hypothesis that in IBD patients under immunomodulant treatments with COVID-19 disease could be considered to do not hold the biological drug. At this stage, it is not appropriate to point out the hypothesis not to hold the biologics. It'd better to say more studies are needed to confirm whether it is appropriate to continue biological drugs for IBD patients who are affected with Sars-cov-2. One more questions, it is very strange to read all 3.2 Swab throat test All the patients with IgG > 7 were tested for swab throat test. All of



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them resulted negative. The patient with history of COVID-19 pneumonia had tested positive before the enrollment and after tested negative.@ It'd better to address why all of tests were negative.