



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 29601

Title: Factors Associated with Surgery in Patients with Intra-Abdominal Fistulizing Crohn’s Disease

Reviewer’s code: 00183659

Reviewer’s country: United States

Science editor: Yuan Qi

Date sent for review: 2016-08-28 21:50

Date reviewed: 2016-09-05 05:11

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

"Factors Associated with Surgery in Patients with Intra-Abdominal Fistulizing Crohn’s Disease" The authors report on patients with CD and imaging and evidence of fistulae. The authors assess radiographic findings and correlate these with the primary outcome of undergoing surgery within a year of the imaging study. This study is of interest to the World Journal of Gastrointestinal Surgery. The study provides more insight into the use of imaging findings alone to predict surgery. Introduction - please add to the paragraph about surgical resection. the additional downside of surgery is that repeated resections and/or extensive resections can be associated with short bowel syndrome with metabolic and nutritional derangements. Methods - in addition to dividing patients by time periods, an analysis of associated medical therapies or failure of regimens and association with surgery would be helpful. Methods - relevant clinical factors are not included (in addition to medication regimen), including nutritional status, hospitalization history, sepsis, reason for surgery (which is key for understanding why surgeons are operating), previous surgery. Results - was the presence of other symptomatic fistula predictive - like vagina or enterocutaneous - in addition to



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

enterovesical?



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Factors Associated with Surgery in Patients with Intra-Abdominal Fistulizing Crohn’s Disease

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

The authors present a review of fistulizing Crohn's disease to try and determine predictive factors of subsequent surgery. I have several comments: Overall, the authors should be commended for their work in an era where information is lacking. There are many potential sources of bias and thus additional clarification or additional data is required in several areas: 1. The authors mention briefly some of the medical treatments prior to surgery. An emphasis on how these were controlled for in the analysis is required. It should also be listed in the variables collected in the results section (along with duration of medical treatment prior to scan). 2. Of the patients that were on treatment, it would be helpful to see what they were on after surgery (e.g. escalation or not - from no therapy to monotherapy or monotherapy to combination therapy). 3. An improved definition of fistulizing disease is required. Was this solely based off CT scan reads? Or was clinical information used to identify these patients as well. What was done with questionable cases? 4. The definition of 'stricture' requires additional clarification as well. Was this 50% difference in diameter based on a CT or MR enterography? It is hard to tell for sure as so much of the bowel diameter depends on the amount of



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

distention, and this may be unreliable. 5. The number of patients is confusing. The abstract lists 132, though the discussion and multivariate analysis lists 126. Thus the abstract should be modified. 6. It would be helpful to include a % of patients not treated with IMs or TNFs (53-55%). 7. While the authors mention there was no difference in disease duration of those that required surgery vs. not, it would be interesting to see if the duration of therapy had any impact. 8. A definition for elevated CRP and low albumin should be given. 9. The paper would add from a description of symptoms (pain, diarrhea, UTI, pneumouria, fecaluria). As the authors state, there are a lot of variables not accounted for in this retrospective review - and these could help the reader interpret the findings. 10. The authors should include any additional treatments (percutaneous drainage, IV antibiotics) as these may have had a significant bearing (successful vs. not) on the subsequent need for surgery. It would again help the reader interpret the study better as at present, it is difficult to know how to use the information in the study (in its current form). 11. Were any data available on the decision to proceed to surgery vs. not (e.g. patient refusal despite recommended surgery, gastroenterologist or surgeon referral, etc)? 12. Enterocutaneous fistulas should be further subdivided into high output vs. low output (see: symptoms comment) to help the reader determine how to interpret the results. 13. Table 2 is quite lengthy. Removing the age <18 data (since it is such a small number) can help. Same for imaging before or after 2010 as it did not seem to make much of a difference and is not the major focus of the paper. 14. Within the tables, significant p values should be highlighted (to call attention to them given the large amount of data). 15. In general, there are a large number of potential confounding variables. This should be emphasized as a limitation and the above recommendations can help control for some of these potential confounding factors.



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Name of journal: World Journal of Gastroenterology
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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various review criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', etc.

COMMENTS TO AUTHORS

This a retrospective study aiming to characterize radiological and clinical factors associated with subsequent surgical intervention in Crohn’s disease (CD) patients with intrabdominal fistulae. The Authors concluded that a bowel stricture is the only factor predictig an increased rate of surgery whilst radiological parameters may guide in selecting treatment options in patients with fistulizing CD. I have the following comments: 1) Authors stated in their introduction the aim of the study was to characterize radiological features of cross sectional imaging of patients with intrabdominal penetrating CD disease, and to identify what factors were associated with subsequent surgical intervention . On the other hand, in methods, their primary outome was differently defined as the rate of abdominal resection performed within one year of imaging whereas the secondary outcome was the time to abdominal resection surgery. Authors should stuck with the same specific aims throughout the manuscript 2) Table two is difficult to follow since the number of patients receiving or not surgery is not reported. 3) In discussion, is not clear how many patients receiving or not anti-TNF treatment after imaging were more or less likely to receive surgery 4) English



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Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

Language needs polishing