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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 26347

Title: Infertility in men with inflammatory bowel disease

Reviewer's code: 01569271

Reviewer's country: India

Science editor: Yuan Qi

Date sent for review: 2016-04-05 14:27

Date reviewed: 2016-04-14 23:24

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

A useful review on a topic which has not received enough attention especially in view of the fact that the disease involves the adult age group.I



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 26347

Title: Infertility in men with inflammatory bowel disease

Reviewer’s code: 01574245

Reviewer’s country: United States

Science editor: Yuan Qi

Date sent for review: 2016-04-05 14:27

Date reviewed: 2016-05-04 01:26

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"/> 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

The review manuscript is well written and addresses a clinically important topic that has received only modest attention in the past. Critiques in sequence of manuscript: 1. In abstract please correct the “little attention”. There are 43 articles in PubMed on the topic and Crohn’s disease and 54 in respect to ulcerative colitis. While many of these articles overlap, one can not state that this is little attention. “Modest” seems more appropriate. 2. I recommend updating the cited data on IBD presentation (ref 1) to provide more recent data on that. 3. Table 1. Please include some detail in respect to the causes. For example, what do the authors indicate by lifestyle? Additionally, add references to support listing the cause. “Psychological”, i.e. fear of passing on the disease is not listed, please explain. 4. Table 3 is too crowded, difficult to follow. Please edit it. 5. Please indicate that mesalazine is denoted as mesalamine in the USA pharmacology literature 6. Please correct mercaptopurine to 6-mercaptopurine 7. Include cyclosporine in brackets after ciclosporin since both spellings are used. Additionally, please correct the subheading to Cyclosporine/Tacrolimus and clarify in the introduction of that chapter that their molecular targets are different, but both inhibit calcineurin. 8. Under the Treatment... section, I would recommend rephrasing “Discontinuation of



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MTX is recommended 3-4 months before attempting to conceive". Based on this review, there is insufficient evidence to support this statement. Rather it seems to be anecdotal practice and should be challenged! It is important for reviews to highlight such gaps in knowledge. Please make a strong statement here and modify Table 3 accordingly. The risks of MTX discontinuation may significantly outweigh the unsubstantiated hypothetical benefits from it. Please modify the conclusion section accordingly as well.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 26347

Title: Infertility in men with inflammatory bowel disease

Reviewer's code: 02927318

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-04-05 14:27

Date reviewed: 2016-05-04 12:11

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
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

To the Editor and the Authors: In this paper, the authors reviewed articles describing male fertility in IBD, and provide information on fertility-related issue in men with IBD. Because there are limited data on the effect of drugs for IBD on male fertility and pregnancy outcome, this review article is interesting and very helpful for doctors to treat the patients with IBD. However, in my opinion, a revision of this manuscript is needed before it can be acceptable for publication. I have several concerns as follows; 1. Manuscript page 4 line 6 to 15 (Infertility is defined as a disease of the reproductive system characterized by failure to achieve a clinical pregnancy after ≥ 12 months of regular unprotected sexual intercourse[2]. Although difficult to ascertain precisely, the prevalence of infertility in women with IBD varies between 7% and 12%, which is not significantly different from that in the general population[3,4]. Tavernier et al reviewed fertility in non-surgically treated inflammatory bowel disease and observed a 17-44% reduction in fertility in women with CD[5]. They suggested that this reduction was linked to voluntary childlessness rather than physiological causes, and they also found no reduction in fertility in women with UC.) are confusing. Do the author emphasize that the fertility in women with non-surgically treated CD is significantly reduced but the



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overall fertility in women with IBD is not affected by IBD? 2. Perianal abscesses and fistulas are frequent manifestations in the patients with CD and surgical treatments are often needed. The authors should add some descriptions about this point to “the surgery causing male infertility” section. 3. The authors stated that life style (alcohol, tobacco, and stress) may cause infertility in men with IBD in abstract. However, the authors do not show enough data to support this in the “treatment of infertility in men with IBD” section. The authors should add some explanations. 4. As you know, generally, active tobacco smoking has a protective effect in the patients with UC. Therefore, the effect of tobacco smoking on infertility should be discussed separately in the patients with UC and CD.