



### PEER-REVIEW REPORT

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

**Manuscript NO:** 60615

**Title:** Understanding celiac disease monitoring patterns and outcomes after diagnosis: A multinational, retrospective chart review study

**Reviewer's code:** 04653243

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Research Assistant Professor

**Reviewer's Country/Territory:** Czech Republic

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

**Manuscript submission date:** 2020-11-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-11-20 14:54

**Reviewer performed review:** 2020-11-28 21:54

**Review time:** 8 Days and 7 Hours

|                                 |                                                                                                                                                                                                                                                 |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><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 type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |



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## **SPECIFIC COMMENTS TO AUTHORS**

In this descriptive retrospective chart review study authors present monitoring patterns of follow up in three countries based on sample of 300 patients. Multicentric design and hundreds of patients are strengths of the study. However, in the view of recent published guidelines for the celiac disease (CD) (Al-Toma 2019) the practical outcomes from the study are not too clear. Authors described basic clinical and demographic characteristics of the cohort and its changes through the follow up. The conclusion that follow up of CD patients is not optimal without any analysis of contributing factors is quite simple. I am afraid that such information is not innovative for readers. Standardized histopathology classification according to Marsh and Oberhuber is usually used for description of duodenal atrophy – but not in this study. Answers to some questions may improve the quality of this study and can bring more interesting results. How were patients' records selected for evaluation? It is probable that 100 patients from each center are not all registered patients with CD and I assume that authors had some key how to select them. Was this key the same for all centers? From this view, it is probably impossible to compare characteristics among countries. Are there any parameters that are included in „standard“ follow-up visit in each country? Are they different? What was the proportion of abnormal results of densitometry? How it changed the management? No data regarding used serology tests for diagnosis and / or follow up are presented. I am missing any fact about follow up serology either positive or negative test and relation to clinical symptoms and atrophy. These data might be included in the medical records and such analyses may improve the message from this study. Serology follow up is recommended generally. Presence of atrophy alone without exclusion of other causes of atrophy may lead to misdiagnosis. I can recommend trying to analyze why were some patients lost from follow up. This may be



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the practical point to focus on. Was the next appointment recommended during the initial visit? Is it non-compliance or absence of recommendation or other factors?



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Manuscript NO:** 60615

**Title:** Understanding celiac disease monitoring patterns and outcomes after diagnosis: A multinational, retrospective chart review study

**Reviewer's code:** 00039368

**Position:** Editorial Board

**Academic degree:** DA, PhD

**Professional title:** Academic Research

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

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

**Manuscript submission date:** 2020-11-18

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2021-03-30 08:34

**Reviewer performed review:** 2021-03-30 11:48

**Review time:** 3 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<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><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)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |

### SPECIFIC COMMENTS TO AUTHORS



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This is well designed, performed and written retrospective cohort study for the evaluation of monitoring patterns and outcomes after diagnosis of celiac disease in three gastroenterology referral centers in UK, United States and Norway. The authors investigated altogether 300 patients with biopsy-confirmed celiac disease who were followed-up for a mean of 29.9 months. The authors give a sufficiently clear overview about the study background and raised clearly the aim of the study, which is fulfilled. The statistical analysis was specified sufficiently well. The material studied is large enough and allows to draw the conclusions. The Results are presented clearly and have been discussed well. The paper is supplied with 3 Tables and one Figure which give very good overview about the results and are presented very clearly and correctly.

The authors found that during the follow-up 68.4% of patients were recorded as having ongoing gastrointestinal symptoms and 36.6% had continued villous atrophy. The authors suggest that more routine follow-up assessment of celiac disease activity is needed. This paper has important clinical outcome because pay attention on the relevance of monitoring of villous atrophy, used in combination with adjunctive pharmacologic therapy in improvement of outcomes in patients with celiac disease. However, I will suggest to add and underline in conclusion some country/site-specific differences evaluated during this world-monitoring study.



**RE-REVIEW REPORT OF REVISED MANUSCRIPT**

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

**Manuscript NO:** 60615

**Title:** Understanding celiac disease monitoring patterns and outcomes after diagnosis: A multinational, retrospective chart review study

**Reviewer’s code:** 05458179

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Postdoctoral Fellow

**Reviewer’s Country/Territory:** Italy

**Author’s Country/Territory:** Canada

**Manuscript submission date:** 2020-11-18

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2021-03-30 07:53

**Reviewer performed review:** 2021-03-30 14:42

**Review time:** 6 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<br><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<br><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)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                       |

**SPECIFIC COMMENTS TO AUTHORS**



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In this retrospective cohort study the Authors aimed to understand different patterns of follow-up and management for celiac disease (CD) patients from three gastroenterology celiac disease referral centres from different countries (United Kingdom (UK), United States (US), and Norway). They want to characterize patient outcomes after CD diagnosis, as the persistence of gastrointestinal and extraintestinal symptoms and villous atrophy after diagnosis. Multicentric design and the high number of patients enrolled, are strengths of the study. The authors have revised the manuscript according to comments in the peer review report. Diagnostic criteria, serological (autoantibody profile) and histological are clarified in the methods section. The authors have specified the diagnostic criteria in the discussion section, as well as they have improved metabolic data and underlined the role of metabolic disorders in CD patients in the discussion section. The authors have clarified the criteria of eligibility of patients enrolled (biopsy-confirmed celiac disease, diagnosed between 2008-2012, with at least one follow-up visit), which are the same for all the centres from different countries. Moreover standard parameters as celiac serologies, symptoms, gluten free diet adherence and nutritional values are the same for all sites. The only difference among countries is in follow up endoscopy/biopsy and it is noted as a limitation in the discussion section. Data on densitometry have been added to results section and available serology test results at diagnosis and follow-up are added in a supplemental table and referenced in the results section. Details on last recorded follow-up with the patient, has been added to the results section. The questions raised by the reviewers have been satisfactorily answered, improving the quality of the study and bringing to more interesting results. This study is of good quality and the results are interesting. The manuscript is appropriate for publication in the World Journal of Gastroenterology.