Reviewer's report

Title: Long-term follow-up with leukocytapheresis re-treatment in patients with chronically active inflammatory bowel disease

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Reviewer: Eugeni EDM Domenech

Reviewer's report:

- The fact that 21 out of 25 CD patients had extensive colonic disease, and only 3/25 had small bowel involvement cannot be explained in the Discussion as this "may indicate a higher risk for CD patients with colonic inflammation to become chronic". Maybe, the authors preferred to try apheresis before performing a total proctocolectomy with ileostomy. As the authors state in their comments, "this reflection remains speculative", and many other hypothesis should be taken into account.

- Table 2: explanations about statistical significance are not clear as far as the authors indicate the variable but not at which time (before tx, 10 weeks after tx, 20 weeks after tx) was the difference significant between groups (responders, non-responders,...).

- Conclusion: I agree with the authors that feasibility and tolerance were excellent. However, can it be stated that GMA did not induce "dependency" when most patients relapsed soon after treatment discontinuation (within the first 6 months as seen in the survival curves) and responded when treatment was re-introduced? Isn't it the definition for steroid-dependency? In my opinion, the main conclusion should be that scheduled maintenance therapy with GMA should be evaluated in CD patients with chronic disease activity who respond to an initial GMA course.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.