Reviewer's report

Title: A retrospective study showing Maintenance treatment options for paediatric CD in the first year following diagnosis after induction of remission with EEN: supplemental enteral nutrition is better than nothing!

Version: 2 Date: 5 November 2013

Reviewer: Andrew S. Day

Reviewer's report:

COMMENT FOR THE AUTHORS

The manuscript authored by Duncan and colleagues considers the impact of ongoing supplementary enteral nutrition after a course of EEN in children with Crohn disease

Overall Comment

This work provides further data supporting the practice of recommending supplementary enteral nutrition as an ongoing intervention in children with CD. The work is, however, limited by the numbers (n=15) that were taking these ongoing supplements and the report’s retrospective nature

Specific Comments:

1. The Abstract and parts of the Manuscript contain several sentences that commence with numbers (e.g. 15) rather than words (e.g. fifteen).

2. The Abstract reports that all of the 48 children were in remission at the end of the 8 weeks course of EEN. Subsequently in the Results section, it is stated that all of the 48 had either clinical response or in remission. This feature should be consistent.

3. Further, did those who were in remission at 8 weeks have better outcomes than those who just had improvements?

4. In providing the details of those who were in remission at 12 months, it is not clear if these children had entered remission with initial therapy and then remained in remission for the whole of the subsequent period, or if they had achieved remission at some time point (e.g. 12 weeks) and then remained in remission at 12 months or if they were simply in remission at 12 months (regardless of initial response and any intervening relapses)

5. The Introduction comments about a lack of Classic Symptoms (which are accepted as pain, diarrhoea and weight loss), and then goes on to describe these being present. This should be revised to be more clear.

6. The Introduction comments about diagnostic delay: the final part of this section implies that diagnostic delay is only important in adolescents. This could be revised also

7. The Methods comments about “physicians global assessment” (the overall
assessment of an experienced paediatric gastroenterologist). This should be referenced appropriately to an earlier description of PGA. This is not the method utilised, then an alternative term should be used with appropriate reference also applied.

8. The children who received ongoing supplements had these feeds for a variable length of time (from 4 to 12 months). It would seem feasible that the length of continuing feeds is important in longer term outcomes. Were the authors able to define this?

9. Also, it appears that the assessment of outcome at 12 months is considered regardless of the duration of supplementation. It may be helpful to consider a formal review of this analysis by a statistician.

10. How were the authors able to confirm that the children were compliant with the supplementary feeds? And that the volume reported was accurate?

11. NG and n-g are both used: one abbreviation should be used consistently

12. The Discussion would benefit from revision and attention to detail. Presently it is a little disjointed. For example, the detail about adult studies of supplementary feeds are separated by a paragraph discussing a different topic.

13. Also, the adult studies included patients who entered remission by different routes (not all of them were treated with EEN first). This may of relevance to the impact of this intervention

14. In addition to the outcome presented (remission), did the groups differ otherwise? (such as growth outcomes, surgical outcomes etc)

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'