

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Life-event stress induced by the Great East Japan Earthquake was associated with relapse in ulcerative colitis but not Crohn's disease: a retrospective cohort study
AUTHORS	Shiga, Hisashi; Miyazawa, Teruko; Kinouchi, Yoshitaka; Takahashi, Seiichi; Tominaga, Gen; Takahashi, Hiroki; Takagi, Sho; Obana, Nobuya; Kikuchi, Tatsuya; Oomori, Shinya; Nomura, Eiki; Shiraki, Manabu; Sato, Yuichirou; Takahashi, Shuichiro; Umemura, Ken; Yokoyama, Hiroshi; Endo, Katsuya; Kakuta, Yoichi; Aizawa, Hiroki; Matsuura, Masaki; Kimura, Tomoya; Kuroha, Masatake; Shimosegawa, Tooru

VERSION 1 - REVIEW

REVIEWER	Toshiyuki Matsui, M.D., Ph.D. Professor of Department of Gastroenterology, Fukuoka University Chikushi Hospital, Fukuoka, Japan I have no competing interest.
REVIEW RETURNED	15-Nov-2012

GENERAL COMMENTS	This paper is describing the deteriorating effects of the great earthquake onto the IBD patients in the rate of flare. Methods and questionnaires seems to be appropriate. However, how many percentage of patients died is not described and how many percentage of answers are obtained from total number of questionnaire sent to patients? The other part is completely written and comprehensive, especially it is interesting in the difference between UC and CD in relapse rate and the fact that smoking quit has influenced UC relapse.
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REVIEWER	Robert Maunder MD Head of Research Mount Sinai Hospital Dept. of Psychiatry Toronto, Canada I have no competing interests.
REVIEW RETURNED	22-Nov-2012

THE STUDY	The reader cannot for a judgement about the representativeness of the sample because the response rate is not reported.
REPORTING & ETHICS	CONSORT is not applicable
GENERAL COMMENTS	This is a large study that uses a very large scale disaster as a "natural experiment" to examine the role of substantial life stress as a potential trigger of relapse for people with IBD. This study makes a unique contribution to the literature related to stress and relapse in IBD and in general is well-designed and well-written.

	<p>My suggestions from improvement are relatively minor. There are some problems with language in the introduction. In the second sentence I think that “no variable has been defined to be a trigger of flares...” probably intends “proven” rather than “defined.” In the last sentence of the first paragraph, the meaning is clear but the phrase “morally difficult” is awkward – perhaps “unethical” instead? There is a typo in the second paragraph – “dairy” should be “daily”.</p> <p>In the results, it is reported that 903 questionnaires were returned, but it is not stated how many were sent out, which is needed to calculate the response rate.</p> <p>In the discussion, is there any reason why the CD sample was substantially male? The finding that stress triggers flare in UC but not in CD is consistent with what has been reported in reviews of the stress literature in IBD, which could be noted. On page 17, in discussing the lack of food after the earthquake, it would be more typical form to phrase “we could no obtain enough food; therefore we...” in the third person; such that it is understood to apply to describe the context of the study participants (although it presumably also was true for some or all of the authors).</p>
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VERSION 1 – AUTHOR RESPONSE

To Prof. Toshiyuki Matsui:

“This paper is describing the deteliorating effects of the great earthquake onto the IBD patients in the rate of flare. Methods and questionnaires seems to be appropriate. However, how many percentage of patients died is not described and how many percentage of answers are obtained from total number of questionnaire sent to patients?”

Response: Thank you for your valuable comments. As mentioned above, we added the response rate of questionnaires in the methods section (page 9, line 9), results section (page 12, line 3-4) and discussion (page 16, line 5-8). However, we cannot mention the exact percentage of patients who have died, because non-response group might include not only patients who have died but also patients who took refuge in somewhere or declined the questionnaire.

To Dr. Robert Maunder:

“My suggestions from improvement are relatively minor. There are some problems with language in the introduction. In the second sentence I think that “no variable has been defined to be a trigger of flares...” probably intends “proven” rather than “defined.” In the last sentence of the first paragraph, the meaning is clear but the phrase “morally difficult” is awkward – perhaps “unethical” instead? There is a typo in the second paragraph – “dairy” should be “daily”.”

Response: Thank you for your suggestions. We exchanged the sentences (line 3, 7 and 11 in page 7).

“The reader cannot for a judgement about the representativeness of the sample because the response rate is not reported.” “In the results, it is reported that 903 questionnaires were returned, but it is not stated how many were sent out, which is needed to calculate the response rate.”

Response: As mentioned above, we mentioned the response rate of questionnaires in the methods

section (page 9, line 9), results section (page 12, line 3-4) and discussion (page 16, line 5-8)..

“In the discussion, is there any reason why the CD sample was substantially male?”

Response: There are twice as many males as females among CD patients in Japan (page 18, line 10, and ref. 26). We added two more references about this rate. As mentioned in those references, since familial history of IBD (i.e. genetic factors) has been shown to have a significant influence on the incidence of IBD, the pathogenesis and character of IBD might differ between Western countries and Japan.

“On page 17, in discussing the lack of food after the earthquake, it would be more typical form to phrase “we could no obtain enough food; therefore we...” in the third person; such that it is understood to apply to describe the context of the study participants (although it presumably also was true for some or all of the authors).”

Response: According to your proposal, we renewed the sentences (page 7, line 6-7).

VERSION 2 – REVIEW

REVIEWER	Robert Maunder Associate Professor University of Toronto, Department of Psychiatry Canada
REVIEW RETURNED	18-Dec-2012

THE STUDY	English is awkward in several places e.g. “some reports did not prove a relationship”, “Because of temporarily homelessness and difficulty in getting the usual foods consumed” “patients who took refuge in somewhere”. These examples are representative not comprehensive.
GENERAL COMMENTS	All of my substantive concerns have been well addressed with this revision. The remaining revisions concern some improvements needed in awkward English expression in places.

VERSION 2 – AUTHOR RESPONSE

To Dr. Robert Maunder:

“All of my substantive concerns have been well addressed with this revision. The remaining revisions concern some improvements needed in awkward English expression in places.”

Response: The original version of this manuscript has been carefully reviewed by an experienced medical editor whose first language is English. This revised manuscript has been carefully reviewed by another experienced medical editor whose first language is English and who is specialized in the editing of papers written by physicians and scientists whose native language is not English. The revised sentences and expressions have been highlighted by using colored text for ease of re-review.