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REVIEWER'S REPORT

Manuscript No.: IJAR-53339 Date: 14/08/2025

Title: *Comparative Utility of CRP, ESR, Fecal Calprotectin, and Lactoferrin in Assessing Inflammatory Bowel Disease Activity*

Recommendation:
✓ Accept as it is .....
Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr. S. K. Nath Date: 15/08/2025

Reviewer's Comment for Publication:
The review concludes that fecal calprotectin is the most reliable non-invasive biomarker for assessing intestinal inflammation in IBD, correlating strongly with mucosal healing and endoscopic scores. CRP also plays a useful role but has limitations, especially in mild disease. Combining these biomarkers with clinical assessment enhances disease monitoring accuracy and may reduce reliance on invasive procedures.

Reviewer's Comment / Report

Strengths

1. **Comprehensive Literature Synthesis:** The paper gathers data from multiple studies, including those assessing sensitivity, specificity, and predictive value of each biomarker, providing a broad overview of non-invasive diagnostics in IBD.
2. **Focus on Practical Utility:** It emphasizes real-world application, such as how these markers can be integrated into routine patient monitoring to reduce dependence on invasive procedures.
3. **Comparison of Biomarkers:** It critically evaluates the relative effectiveness of CRP, ESR, FCP, and lactoferrin, highlighting their strengths and limitations in clinical contexts.
4. **Updated Evidence:** Incorporates recent studies and guidelines, including the STRIDE-II recommendations, supporting non-invasive monitoring strategies.
5. **Clear Illustrations:** The inclusion of figures and tables (e.g., Table 1) that summarize key study findings enhances understanding.

Weaknesses

1. **Limited Discussion of Biomarker Limitations:** While the paper mentions some limitations, it could more thoroughly explore scenarios where these markers may give false positives/negatives or be influenced by other conditions.
2. **Variability in Thresholds:** The review notes different cutoff values across studies without establishing standardized thresholds, which can limit clinical application.
3. **Lack of Meta-Analysis:** The review summarizes individual studies but does not perform a quantitative meta-analysis to provide pooled sensitivity/specificity values, which could strengthen conclusions.
4. **Potential Bias in Literature Selection:** The selection of studies appears narrative rather than systematic, possibly introducing selection bias.
5. **Emerging Biomarkers Not Fully Explored:** Although briefly mentioned, newer biomarkers like microRNA or neutrophil-to-lymphocyte ratio are not examined in depth.