

## ANSWERS TO REVIEWERS

January, 1st 2019

to

Editor of World Journal of Gastroenterology

Dear Editor,

We are pleased to answer to the reviewers comments, whom we thank for having spent time to read our manuscript so carefully ("Adenoma and advanced neoplasia detection rates increase from 45 years of age" for publication as an original paper in World Journal of Gastroenterology).

### REVIEWER (00004011):

*Accept (General priority) without any comment*

### REVIEWER (02520549):

→ " *this is an interesting study that compares adenoma detection rates and advanced neoplasia detection rates according to age in a large series of patients in routine colonoscopy. Considering the large number of colonoscopies (6027) in patients with median age of 57 years, adenoma and neoplasia rates were 28,6 and 9,6% respectively in the Whole population. The authors add other interesting data and conclude that there is a significant two-fold increase in ADR and ANDR in patients > 45years. This work is interesting also because is the first large study to evaluate ADR and ANDR in patients < 50 years.*

→ "It should be better specified: 1) the machine used for the endoscopy, 2) technical time to perform the exam, 3) report the adverse events of the method, 4) add the number of patients that underwent surgery for advanced neoplasia and if this has helped to reduce the number of advanced cases in later follow ups. 5) who send the patients to colonoscopy: screening, family doctor, other specialists that indicated neoplasia diagnosis."

1) The videocolonoscopes used were EVIS EXERA III CF-H190 (Olympus Co.) and more rarely EC-690 WM, and EC-600WM (Fujifilm Co.) ; 3 endoscopy rooms equipped with Olympus system and 1 room with Fujifilm system.

This sentence was added to the manuscript, in patients and methods - Colonoscopy considerations:-

"The videocolonoscopes used were EVIS EXERA III CF-H190 (Olympus Co.) and more rarely EC-690 WM, and EC-600WM (Fujifilm Co.)"

2) The total time to perform the exam is the sum of the caecal intubation time and the withdrawal time. The caecal intubation time was not collected in our study at that time

and the median withdrawal time was 470 seconds (range 55-3,840; IQR 240), as given in the results paragraph. This withdrawal time is only relevant for colonoscopies with no polyp.

3) Unfortunately, adverse events of diagnostic colonoscopies during the one year period of the study were not collected exhaustively.

4) "From the 584 patients diagnosed with an advanced adenoma during the study period, 71 underwent complementary treatment as surgery, chemotherapy, radiotherapy or combination. That shows that endoscopic resection was curative in 513 (88%) patients. Considering only patients under 50yoa, 10 out of 61 with advanced adenoma received additional treatment, giving a curative endoscopic resection rate of 51/61 (84%) (P=0.7 compared to the whole population)."

This sentence was added in the results of the manuscript at the end of the "Results according to age intervals".

5) This study included all consecutive patients admitted for colonoscopy in our digestive endoscopy unit over a one-year period. All patients (addressed or not by a general practitioner or another specialist) were seen before colonoscopy by a gastroenterologist for a medical examination and to confirm indication for colonoscopy (screening, personal or familial history of colorectal cancer or polyp, symptoms, follow-up, other reasons).

#### **REVIEWER (00039578):**

→ *"This is a very interesting study on adenoma and advanced neoplasia detection rates in a French population, underlying the increased risk in patients from 45 years of age. However, the authors state they couldn't select patients >45 years for screening according to such risk factors as smoking or obesity. Ethnicity data are not permitted in France (as in some other countries). The authors underline that this series is based on a population living in an European capital, which may represent a selected population, but they also state that there was no selection of patients, therefore reflecting "real life" experience. It would be interesting to compare their results with other French series, such as the published results from Denis B and co-authors, about screening patients in Alsace. The bottom line is that the results of this large series are in line with recent publications and reflect the need to review recommendations for colorectal screening."*

Work by Denis and collaborators involved a large number of patients in three different geographic areas in France but was restricted to patients from 50 to 74 with a positive stool Guaiac test. It is therefore difficult to compare to our population of patients of any age and any indications. In addition, Guaiac test has been replaced since 2016 in France by the Faecal Immunochemical Test (FIT) which is known to be much more sensitive and fairly specific. In our population of 412 patients with a positive FIT, MNP was 0.88, ADR 57 % and detection of polyps > 1 cm 29.9% as compared to 0.92, 35.6 % and 26 %, respectively in paper by Denis et al. (*Measurement of adenoma detection and discrimination during colonoscopy in routine*

*practice: an exploratory study. Denis et al., Volume 74, No. 6 : 2011 GASTROINTESTINAL ENDOSCOPY*). The lower rate of MNP in our study could be due to exclusion of hyperplastic polyps located in the sigmoid colon and rectum. As expected, we detected more adenomas because of the higher sensitivity of FIT but rate of large polyps were quite similar.

We would like to thank you for considering these responses.

Best regards,

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