

**Reviewer 00735414**

**Conclusion:** Minor revision

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

It seems that both articles pretend to be “the best of kind” based on the use of a complicated statistical analysis or somewhat questionable literature search. It is well known that both statistics and literature search may prove exactly what the author considers important. Although each study in its segment may draw right conclusion - no conclusion cannot be generalized for whole population. The same applies to colonoscopy after an episode of acute diverticulitis. In addition to considering the above results of the meta-analyses, the clinician will always examine specific risks –personal and family history of the disease, tumor markers, positive fecal test, obesity, etc. and not the results of one specific study. Only the results of large population studies monitoring the outcome of big population cohorts can be considered when making recommendations. Therefore, I think that the above comment can be published. The decision on the diagnostic options to be offered to the patients must be based on the protocols made by national and institutional authorities.

**We agree with the reviewer and thank him for his comment. We would like to mention that the Association of Coloproctologists of Great Britain and Ireland (ACPGBI) and the American Society of Colon and Rectal Surgeons (ASCRS) recommend performing a colonoscopy after an episode of acute diverticulitis. Further, in our meta-analysis, we have included large population-based studies.**

**Reviewer 02456959**

**Conclusion:** Accept (General priority)

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

The colonoscopy is routinely used for patients with diverticulitis. Recently, Asaad et al reported that “routine endoscopy assessment of patients after an episode of CT proven acute diverticulitis may be unnecessary” in the “World J Gastrointest Endosc 2019; 11: 427-437”, and suggest “routine endoscopy assessment of patients after an episode of CT proven acute diverticulitis may be unnecessary”. However, Meyer J et al (Manuscript Number: 56203) conduct a comment on Asaad et al work, and disagree with Asaad et al conclusion. Meyer J et al present more evidence to support that colonoscopy use after an episode of diverticulitis. Therefore, Meyer J et al comment is clinical significance and worth to publish.

**We agree with the reviewer and thank him for his comment.**

**Reviewer 00504218**

**Conclusion:** Accept (High priority)

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

This "letter to the editor" article seems to facilitate profound discussion on the previously published article; Should a Colonoscopy Be Offered Routinely to Patients With CT Proven Acute Diverticulitis? A Retrospective Cohort Study and Meta-Analysis of Best Available Evidence by Peter Asaad and associates in World J Gastrointest

**We agree with the reviewer and thank him for his comment.**

**Reviewer 00069066**

**Conclusion:** Minor revision

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

I agree with the authors to ask about this matter based on his data, but in our clinical practise we don't do colonoscopy routinely for post acute diverticulitis

**We agree with the reviewer and thank him for his comment. However, we believe performing colonoscopy to rule out colorectal cancer, especially in patients with complicated diverticulitis is important and supported by the literature.**