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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61383

Title: Impact of type 2 diabetes on adenoma detection in screening colonoscopies performed in disparate populations

Reviewer's code: 00068723
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Doctor, Occupational Physician
Reviewer's Country/Territory: Japan
Author's Country/Territory: United States

Manuscript submission date: 2020-12-05
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-12-05 07:45
Reviewer performed review: 2020-12-05 08:29
Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The authors investigated the background of patient with colorectal adenoma diagnosed with colonoscopy. They found out that type 2 diabetes (T2DM) correlated with colorectal adenoma. The study population was rationale because it was from screening colonoscopy, and free from bias due to abdominal diseases with symptoms. One major problem was that age cofounded the results. As age grows, number of patients with T2DM increases. At the same time, the number of patients with colorectal adenoma increases. How would the authors control this phenomenon? Table 5. All colonic neoplastic lesions had strongest significance. But adenoma only showed less significance. Lesions other than adenoma showed no significance. All colonic neoplastic lesions contain adenoma and the other lesions. Therefore, all colonic neoplastic lesion should have shown less significance as compared with adenoma only. How would the authors address this potential problem? Table 7. Age, BMI, Sex, and smoking had stronger significance as compared with T2DM. The title of this manuscript features diabetes. How did the authors choose T2DM? Abstract. ADR should be spelled out when it first appeared.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61383

Title: Impact of type 2 diabetes on adenoma detection in screening colonoscopies performed in disparate populations

Reviewer's code: 05085943
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: United States

Manuscript submission date: 2020-12-05
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-12-08 02:59
Reviewer performed review: 2020-12-11 08:58
Review time: 3 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

1. Table3 The number of patients recorded about family history of CRC in a first degree relative was too small. The data did not reflect the patient's background and should be excluded from analysis. 2. There was a significant increased risk of adenomas in T2DM than control group. However, there was no significant difference in the rate of advanced adenoma and high-risk adenoma that may be more associated with CRC. Please discuss this result. 3. The NoDM patients were classified as PreDM and control, and ADR was significantly higher in T2DM than control. Please show the results of T2DM vs PreDM and PreDM vs control. 4. The findings of Table6 and Table7 were the results from combined data set. Because that were data combined from different institution and physician, it should be added as limitation that there was a selection bias.