

RESPONSE TO REVIEWERS:

We wish to express our appreciation to the Reviewers for their insightful comments, which helped to significantly improve the paper.

Reviewer 1's comment 1: *Why do the authors feel the lower rates of rebleeding in urgent CT group?*

This needs to be discussed in more detail as diverticular bleeding tend to self-resolves.

Response: We thank the Reviewer for this pertinent comment. The extravasation-positive image from urgent CT within 4 hours of the last hematochezia reflects a definite source of diverticular hemorrhage, providing an important guide for colonoscopy. Our results suggested that active bleeding temporarily ceases before colonoscopy. Although the extravasation-positive images imply active bleeding, these lesions relapse over time. Our study suggested that the rebleeding rate decreased because lesions with a risk of rebleeding were identified as SRH and hemostasis treatment performed using colonoscopy. The manuscript was revised accordingly (Page 12-13, yellow line).

Reviewer 1's comment 2: *Was there any difference in rates of endoscopic intervention in patients who were found to have SRH on colonoscopy? This needs to be reported and compared between both groups.*

Response: We thank the Reviewer for this pertinent comment. In our study, all patients in the urgent and elective CT groups received endoscopic intervention after the identification of SRH. Thus, there was no difference in intervention between the urgent and elective CT groups. The manuscript was revised accordingly (Page 9, yellow line).

Reviewer 1's comment 3: *Following on number 2, if there was no difference in intervention between urgent and late CT group, should we even perform colonoscopy when we have found the bleeding origin to be diverticular?*

Response: We thank the Reviewer for this pertinent comment. It is possible to miss an advanced clot or non-visible bleeding vessel without colonoscopy intervention because contrast-enhanced CT reflects only early active bleeding in SRH identification. In addition, previous studies reported that patients with diverticular hemorrhage who received conservative treatment without colonoscopy intervention had a high rebleeding rate within 30 days of 53-66%, and that endoscopic hemostasis reduced the rebleeding rate [1, 2]. Thus, we concluded that colonoscopy should be performed when the source of bleeding is found to be the diverticulum. The manuscript was revised accordingly (Page 12-13, yellow line).

1. Jensen DM, Machicado GA, Jutabha R, Kovacs TO. Urgent colonoscopy for the diagnosis and treatment of severe diverticular hemorrhage. *N Engl J Med* 2000; 342: 78-82 [PMID: 10631275 DOI: 10.1056/NEJM200001133420202]

2. Jensen DM, Ohning GV, Kovacs TO, Jutabha R, Ghassemi K, Dulai GS, Machicado GA. Natural history of definitive diverticular hemorrhage based on stigmata of recent hemorrhage and colonoscopic Doppler blood flow monitoring for risk stratification and definitive hemostasis. *Gastrointest Endosc* 2016; 83: 416-423 [PMID: 26227931 DOI: 10.1016/j.gie.2015.07.033]

Reviewer 1's comment 4: *Table 3 needs to be reorganized so that can be easily understood by readers.*

Response: We thank the Reviewer for this pertinent comment. We reorganized Table 3 in order to be easily understood by readers as follows:

Table 3. Outcomes of SRH identification and rebleeding rate within 30 days by colonoscopy timing and findings on contrast-enhanced CT

(a) SRH identification

(a)-1 Rate of SRH identification by the division of a short time (12 hours) from last hematochezia to colonoscopy

	Rate of SRH identification by contrast-enhanced CT findings (%)					
	Extravasation-positive cases			Extravasation-negative cases		
	Time from last hematochezia to colonoscopy within 12 h	Time from last hematochezia to colonoscopy after 12 h	p-value	Time from last hematochezia to colonoscopy within 12 h	Time from last hematochezia to colonoscopy after 12 h	p-value
Urgent CT group (≤ 4 h)	61.8 (21/34)	76.9 (10/13)	0.52	8.7 (2/23)	6.7 (2/30)	1.00
Elective CT group (>4 h)	18.2 (2/11)	22.2 (2/9)	N/A	4.5 (1/24)	2.6 (1/38)	1.00
p-value	0.03	N/A		0.97	0.83	

(a)-2 Rate of SRH identification within 24 hours from last hematochezia to colonoscopy

	Rate of SRH identification by contrast-enhanced CT findings (%)		
	Extravasation-positive cases	Extravasation-negative cases	
	Time from last hematochezia to colonoscopy within 24 h	Time from last hematochezia to colonoscopy within 24 h	p-value
Urgent CT group (≤4 h)	66.0 (31/47)	7.5 (4/53)	<0.01
Elective CT group (>4 h)	20.0 (4/20)	3.2 (2/62)	0.31
p-value	<0.01	0.54	

(b) Rebleeding within 30 days

(b)-1 Rate of rebleeding by the division of a short time (12 hours) from last hematochezia to colonoscopy

	Rate of rebleeding within 30 days by contrast-enhanced CT findings (%)					
	Extravasation-positive cases			Extravasation-negative cases		
	Time from last hematochezia to colonoscopy within 12 h	Time from last hematochezia to colonoscopy after 12 h	p-value	Time from last hematochezia to colonoscopy within 12 h	Time from last hematochezia to colonoscopy after 12 h	p-value
Urgent CT group (≤4 h)	5.9 (2/34)	7.7 (1/13)	1.00	30.4 (7/23)	33.3 (10/30)	1.00
Elective CT group (>4 h)	36.4 (4/11)	22.2 (2/9)	N/A	16.7 (4/24)	21.1 (8/38)	0.92
p-value	0.04	N/A		0.44	0.39	

(b)-2 Rate of rebleeding within 24 hours from last hematochezia to colonoscopy

	Rate of rebleeding within 30 days by contrast-enhanced CT findings (%)		
	Extravasation-positive cases	Extravasation-negative cases	
	Time from last hematochezia to colonoscopy within 24 h	Time from last hematochezia to colonoscopy within 24 h	p-value
Urgent CT group (≤4 h)	6.4 (3/47)	32.1 (17/53)	<0.01
Elective CT group (>4 h)	30.0 (6/20)	19.4 (12/62)	0.49
p-value	0.03	0.18	

Thank you again for your comments on our manuscript. We hope that the revised manuscript is now suitable for publication.