

Thank you for carefully reviewing this manuscript. I would like to provide point-by-point responses to the reviewers' comments.

Reviewer #1

Major Page 12 – what was authors' justification for the severity criteria? I see later on page 15 a more detailed classification definition was given, was this provided in the work by De Cecco et al (reference 15)? It would be to clarify the classification criteria in the methods.

When the readers interpreted the CTC, they recorded the number of diverticula as it was. When I analyzed the prevalence and distribution of the diverticula, I adopted the classification provided by De Cecco. I moved the paragraph elucidating a more detailed classification provided by De Cecco in the Methods section, as the reviewer suggested.

Given there was an increasing in the prevalence of diverticula associated with age, would the distribution of age data be skewed? Was this accounted in the statistical analysis?

The participants were stratified into five groups according to age. I added the numbers of each group in page 15. The distribution of age group followed a normal statistical distribution using the Shapiro-Wilk test. It was also described in page 15.

One limitation, as acknowledged by the authors, was the non-inclusion of asymptomatic patients. However, this does raise the question whether the severity of diverticula was related to the severity of symptoms? Given that the participants were all symptomatic, this data should be available for analysis.

The patients included in this study underwent CTC for screening purposes or due to any abdominal symptoms, positive fecal immunochemical test (FIT), a personal history of polyps, or a familial history of colorectal cancer (CRC) or polyps. Approximately 70% of the participants were asymptomatic. I have described the details of the purpose of CTC on page 10. I have revised the Conclusion section to describe the limitations of the study on page 23.

Minor. Were there any exclusion criteria?

I added the exclusion criteria of the study in page 11.

Page 15 “The grading of diverticula was in accordance with a previous study to allow for comparison with [the] previous stud[y]” unless multiple studies can be cited then it is “studies”

I revised the sentence, as the reviewer suggested, in page 15.

Figure 3 – the color schemes of “non” and “left “are difficult to discern.

I changed the color of “left” to a dotted pattern.

Reviewer #2

This is an important body of work studying diverticulosis in the Asian setting. Since you have implied superiority of the CTC over the usual diagnostic modalities such as Barium enema and colonoscopy, it was also expected that a bit more emphasis would be placed on supporting this assertion.

Currently, colonoscopy is the gold standard for the examination of colorectal disease. The number of barium enemas is decreasing. In the European Society of Gastrointestinal Endoscopy (ESGE) and the European Society of Gastrointestinal and Abdominal Radiology (ESGAR) guidelines, barium enema for the diagnosis of colorectal neoplasia was not recommended (strong recommendation). Conducting clinical studies on the prevalence of diverticulosis using barium enema or comparing CTC and barium enema is difficult.

It has been reported that barium enema is superior for diagnosing colonic diverticulosis than colonoscopy. I described that CTC has more advantages for detecting diverticula than barium enema on page 20. From the above, I believe CTC is superior for the detection of diverticula than the usual diagnostic modalities, such as barium enema and colonoscopy.