

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 75379

Title: Disparities in Colonoscopy Utilization for Lower Gastrointestinal Bleeding in Rural versus Urban settings in the USA

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00050424

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: United States

Manuscript submission date: 2022-02-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-28 22:05

Reviewer performed review: 2022-03-10 21:06

Review time: 9 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

The purpose of this retrospective study as the authors state was to examine whether there were rural disparities in the utilization of colonoscopy in hospitalized patients with lower GI bleeding. They used data from the National Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP). They included all lower GI bleeds admitted between 2010 and 2016. My comments 1. The data analyzed was from a decade ago. 2. Although their purpose was to analyze possible rural disparities in the utilization of colonoscopy they also analyze the effect of colonoscopy on the clinical outcome of patients. However this was not a randomized prospective study. 3. The results and conclusion of the abstract should be reconstructed.

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Title: Disparities in Colonoscopy Utilization for Lower Gastrointestinal Bleeding in Rural versus Urban settings in the USA

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226306

Position: Editorial Board

Academic degree: FACS, MBBS, MCh, MD, MNAMS

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: United States

Manuscript submission date: 2022-02-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-13 05:34

Reviewer performed review: 2022-03-15 03:38

Review time: 1 Day and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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**Peer-reviewer
statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

1. How was lower gi bleed confirmed in those who did not undergo colonoscopy? 2. Would a day care model of colonoscopy reduce the in patient cost? 3. Is there a bias present in the classification of rural vs urban where obvious differences in utilization exist? 4. The results do not include the final diagnosis and treatment which could quantify the actual need for colonoscopy 5. Not analysing the reason for the disparities is a significant limitation 6. "In spite of differences in colonoscopy utilization, this study did not show any significant difference in mortality between rural and urban patients with LGIB." Does this go against the plea for increase in colonoscopy utilization in the rural pts?

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Title: Disparities in Colonoscopy Utilization for Lower Gastrointestinal Bleeding in Rural versus Urban settings in the USA

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05230210

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2022-02-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-11 08:17

Reviewer performed review: 2022-03-19 14:33

Review time: 8 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for their work. Overall: The manuscript need language polishing, as some sentences are not clear or contain grammatical errors. Title: Title is confusing, indicating geographical research rather than clinical one. Could the authors modify and include the type of clinical study (cross sectional, case control, retrospective cohort) and the country in question (best the urban areas and rural areas they meant), and years (from when to when the study data were included since it is written later that it is a retrospective cohort). Abstract:

- The abstract does not follow the guidelines of the journal. No core tip is written as per the journal's guidelines.
- The background statement is incorrect, there are RCTs for this topic of research, e.g. o van Rongen I, Thomassen BJW, Perk LE. Early Versus Standard Colonoscopy: A Randomized Controlled Trial in Patients With Acute Lower Gastrointestinal Bleeding: Results of the BLEED Study. J Clin Gastroenterol. 2019 Sep;53(8):591-598. doi: 10.1097/MCG.0000000000001048. PMID: 29734211. o Laine L, Shah A. Randomized trial of urgent vs. elective colonoscopy in patients hospitalized with lower GI bleeding. Am J Gastroenterol. 2010 Dec;105(12):2636-41; quiz 2642. doi: 10.1038/ajg.2010.277. Epub 2010 Jul 20. PMID: 20648004. o Roshan Afshar I, Sadr MS, Strate LL, Martel M, Menard C, Barkun AN. The role of early colonoscopy in patients presenting with acute lower gastrointestinal bleeding: a systematic review and meta-analysis. Therap Adv Gastroenterol. 2018 Feb 19;11:1756283X18757184. doi: 10.1177/1756283X18757184. PMID: 29487627; PMCID: PMC5821297.
- The number of included patients in this study or the areas that the data were collected from is not mentioned clearly in the abstract, kindly add.
- The results in the abstract does not answer the main research question i.e.

discrepancies between urban and rural management of lower GI bleeding, please add or clarify. • Conclusion: needs to be rewritten, as it is grammatically incorrect. • It is not clear whether the authors are only including acute lower GI bleeding, or acute and chronic GI bleeding, please clarify. Introduction: Relevant Methods: • Could the authors clarify if all patients were acute lower GI bleeding or acute and chronic cases? Results: • Could the authors explain why that patients with lower GI bleeding were not considered for colonoscopy in the first place, were they diagnosed by other measures as occult blood in stool, CT abdomen, CT virtual colonoscopy, MR enterography, etc?. This is a very important point to clarify in the discussion too. • There is no mention of the specific geographical locations included in this study, please add. Could you add a bar chart for each geographical area and the number of patients included? Discussion: • The authors stated in the first paragraph “Colo-rectal cancer accounts for the second leading cause of cancer deaths in the United States even with effective screening techniques (16).” > this introduction deviates from the aim of the topic, please modify or omit. • This study shows that there is a tendency to overall decrease in the cost of the management of patients, is this related to an update in the insurance policy in the USA or the more decline in the number of specialists in the rural areas, both are unrelated to medical decisions or guidelines, could the authors kindly explain, and is this comparable to international variations and what is the feedback from the medical professionals in USA to policy makers? • The authors wrote “With a reduction in out of pocket costs for colonoscopies, the rate of colonoscopies increased suggesting that financial hardships play a notable role in screening and use of colonoscopies. “ this is not clear, does the authors means that the cost of colonoscopy decreased thus availability increased lately? But there is a noticeable trend towards decrease in utilization of colonoscopy as shown in this study? • The authors stated “This study did not show any significant difference in mortality among patients with LGIB who are admitted in rural hospitals compared to



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those who are admitted to urban hospitals. This may be due to other confounding factors.”>> Please elaborate on those confounding factors. • Also another statement by the authors contradict the previous one “This study also suggests that patients with LGIB who underwent colonoscopy had significantly lower mortality compared to the patients with LGIB who did not undergo colonoscopy.” Could the authors explain the reason behind this discrepancy? • Could the authors discuss the cost-effectiveness of colonoscopy in lower GI bleeding as a separate entity in the discussion? Conclusions: Good References: Good

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226306

Position: Editorial Board

Academic degree: FACS, MBBS, MCh, MD, MNAMS

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: United States

Manuscript submission date: 2022-02-15

Reviewer chosen by: Ya-Juan Ma.

Reviewer accepted review: 2022-05-30 12:46

Reviewer performed review: 2022-05-30 12:50

Review time: 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors have clarified the queries and incorporated the relevant changes in the manuscript.

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Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2022-02-15

Reviewer chosen by: Ya-Juan Ma.

Reviewer accepted review: 2022-05-28 00:18

Reviewer performed review: 2022-06-08 02:24

Review time: 11 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

For the authors: please add your explanation in answering the reviewers to the manuscript in those points for clarification:

- It is not clear whether the authors are only including acute lower GI bleeding, or acute and chronic GI bleeding, please clarify.
Answer: Unfortunately there is no way to distinguish this in the NIS data; the data encompasses all lower gastrointestinal bleed diagnoses in the NIS data.
- Could the authors explain why patients with lower GI bleeding were not considered for colonoscopy in the first place, were they diagnosed by other measures as occult blood in stool, CT abdomen, CT virtual colonoscopy, MR enterography, etc?. This is a very important point to clarify in the discussion too.
Answer: Limited due to data provided in the NIS
- Also another statement by the authors contradict the previous one “This study also suggests that patients with LGIB who underwent colonoscopy had significantly lower mortality compared to the patients with LGIB who did not undergo colonoscopy.” Could the authors explain the reason behind this discrepancy?
Answer: Even Though there is no statistically significant difference in the mortality benefit between rural and urban hospitals, in all the patients that underwent colonoscopy for lower gastrointestinal bleed there is still a benefit of mortality in both urban and rural hospitals. We are saying that it is beneficial for you to receive a colonoscopy in urban and rural hospitals and there is equal benefit to mortality regardless whether you get a colonoscopy done in an urban or a rural hospital
- 4. The results do not include the final diagnosis and treatment which could quantify the actual need for colonoscopy
Answer: The specific findings of the colonoscopy are not reported in NIS data set. Colonoscopy is a diagnostic procedure, a final diagnosis is never available until the procedure is done. Limited data set and data not available. ICD9 diagnosis codes were used to identify.