

Prof Lian-Sheng Ma
Editorial Office Director
Editor-in-Chief
World Journal of Gastrointestinal Oncology
6th March 2022

Dear Professor Ma,

Re: To scope or not? – The challenges of managing patients with positive fecal occult blood test after a recent colonoscopy [Manuscript No: 75013]

Thank you for your email dated 25th February 2022 regarding the revision of the above manuscript. The authors thank the editor and reviewers for their astute and supportive comments. We also thank you for recommending the manuscript be published in the World Journal of Gastrointestinal Oncology, which we have accepted. We have addressed the editor and reviewers' issues and have submitted the point-to-point response to the comments and modified the manuscript accordingly. We hope you find the revised manuscript suitable for publication in your journal.

Reviewer #1

Comments: This study is really well done. I I liked it a lot It answer clinical question that we routinely face Someone had positive Hemoccult test or symptoms after colonoscopy, should you repeat another the colonoscopy? The first thing I look to i went was the patient last colonoscopy Second thing I look at is the quality of the bowel prep I am not surprised with the finding of the study that more than 4 years she tends to find advanced lesions However the quality of the prep of the index colonoscopy should be elaborated more. I find table 3 is very helpful I find table 4 to be very helpful. 6 out of the 7

patients with advanced lesion had poor prep or the prep quality was unknown I wish I can see a similar table for patient who had cancer The also said there was no difference between the 2 groups in terms of the quality prep but I am not sure if the accounted for the missed or unknown data I am surprised that they rated the prep as good, excellent and poor without fair. A lot of data the colonoscopies do not use the the proper scoring system which is a limitation to this study or any other study. please revisit this I wish also at least at similar table to table 4 discussing the cases where there is colorectal cancer seen Also the 3rd question I will look into it is: If the patient has advanced neoplasia on his previous colonoscopy. This should be elaborated more similar to the colon prep issue.

We thank the reviewer for the positive feedback and encouraging comments.

1. Regarding the quality of the bowel preparation of the index colonoscopy, unfortunately, we were unable to retrieve this information from 63.9% of the cohort who had a previous colonoscopy. We acknowledged this as a limitation in the discussion section (under strengths and limitation section). With the fragmented nature of the provision of health services our area, the absence of a central data collection centre made it a significant challenge to obtain previous reports of colonoscopy and histology results.
2. Of those who had a previous colonoscopy within 4 to 5 years, there were four patients diagnosed with CRC. "One patient was diagnosed 4 years and 7 months after a normal index colonoscopy, *"where the bowel preparation was reported as good"* - we have included this statement on the quality of the bowel preparation. "Another patient had a prior colonoscopy 7 years earlier and was symptomatic with abdominal pain prior to the current procedure. The remaining 2 patients diagnosed with CRC had a prior colonoscopy greater than 10 years ago, and their prior colonoscopy findings *including bowel preparation were unavailable"* - we have included this statement on the quality of the bowel preparation. As per your recommendation, we have included the

details of these four patients in Table 3. We have also included the site and stage of CRC for these patients and added a reference for the AJCC staging system for CRC (reference 8).

3. We seek clarification from the reviewer regarding his comment – “they also said there was no difference between the 2 groups in terms of the quality prep but I am not sure if the accounted for the missed or unknown data”. We appreciate your clarification and will address this query accordingly.
4. With regards to the comment of not using the proper scoring system for the quality of the bowel preparation, we agree that whilst this was an important factor, the scoring system was not utilized as this was an observational study and not a controlled study comparing the quality of different bowel preparations and outcomes of colonoscopy.
5. Regarding patients with previous advanced adenoma, whether this was associated with a higher likelihood of advanced lesions on the current colonoscopy could not be determined in this study. Of the 319 patients who had a colonoscopy, 25 patients had at least one adenoma; however, we were unable to retrieve the reports for 85 patients. Hence, we were unable to make any conclusions about this important association. I have added this limitation in the discussion section on strengths and limitation section – *“We were unable to retrieve a proportion of patients’ index colonoscopy reports and hence could not make any conclusions on the important association of advanced lesions at the index colonoscopy with the current colonoscopy”*.

Reviewer #2

Comments: No comments

We thank the reviewer for the positive feedback.

Re-reviewer

Comments: Thanks for addressing the comments I have no further comments

We thank the reviewer for the positive feedback.

Science Editor

We thank the Science Editor for the positive feedback and have addressed the queries raised by the reviewers as above.

With kind regards,

Dr Jenn H. Koo

Gastroenterology and Liver Services

Liverpool Hospital

Locked Bag 7103, Liverpool BC

NSW 1871, Australia

Tel: +61 2 87384085; Fax: +61 2 87383094

Email: jenn.koo@health.nsw.gov.au