



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 79948

Title: Supply and quality of colonoscopy according to the characteristics of gastroenterologists in the French population-based colorectal-cancer screening program

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03714297

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Spain

Author's Country/Territory: France

Manuscript submission date: 2022-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-18 11:57

Reviewer performed review: 2022-12-05 11:15

Review time: 16 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 Grade E: Do not publish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 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 checked="" type="checkbox"/> Minor revision <input 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

SPECIFIC COMMENTS TO AUTHORS

This is a study aimed to describe alterations in colonoscopy quality because of background constraints in a CRC screening program. The authors describe three major challenges for the program: change from gFOBT to FIT, constraints in FIT supply, and the COVID pandemic. The analysis has been performed at a population and gastroenterologist level. Of all the studied parameters the most affected was the time to colonoscopy. This is an interesting and well-written study, showing challenges in real practice that face every CRC screening program. Major comments: A figure showing the three periods would help to understand the whole process The authors state that “there is a risk of colorectal cancer increased by about 40% for any colonoscopy performed after a waiting period of 7-12 months”. Two recent meta-analyses suggest a delay no longer than 6 or 9 months (Forbes N, Clin Gastroenterol Hepatol 2021; Mutneja HR, J Gastroenterol Hepatol 2021). Twelve months may be a bit long. How long is the usual delay in your program? The explanation for some findings (mainly the different lengths of the time delay and the decrease in the CRC detection rate in the COVID period) should be more precise. The hypothesis that general practitioners relaxed the program because of the marked crisis is not very intuitive The names FIT1 and FIT2 are not defined and in table 3 are named FIT and STOP-FIT in table 3. Minor comments: There is a typo in the third line of page 10 (“colonoscopies”)



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Peer-review model: Single blind

Reviewer's code: 00504218

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: France

Manuscript submission date: 2022-11-17

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-01-10 03:55

Reviewer performed review: 2023-01-13 06:18

Review time: 3 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 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

In this study, authors showed that the detection rate of colonoscopy has dropped significantly in the French cohort during the years 2019 and 2020, probably due to the COVID-19 pandemic. The risk of a long delay over 7months in performing the colonoscopy was twice as high in public hospitals compared to private facilities. Although the constraint likely affected the time to colonoscopy as well as the colonoscopy detection rate, the occurrence of serious adverse events were not increased. The manuscript explored how COVID-19 pandemic involved in the colorectal cancer screening, which is very crucial issue worldwide for the time being. The paper is well-written, the main statistical analysis is well described, and the authors have clearly worked hard to produce a comprehensive dataset and detailed description of their methods.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03253490

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: France

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Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-01-10 03:57

Reviewer performed review: 2023-01-14 16:49

Review time: 4 Days and 12 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Koivogui et al. aimed to describe the impact of the constraints listed above in terms of changes to the quality of screening colonoscopies (Quali-colo) in a cohort of gastroenterologists(GEs) practicing in Ile-de-France (IDF). They included screening-colonoscopy performed by the gastroenterologists between Jan-2010 and Dec-2020 in people aged 50-74 living in Ile-de-France (France) in this retrospective cohort. The reported as the detection rate of colonoscopy has dropped significantly in France during the years 2019 and 2020, probably due to the COVID health crisis. Despite all its limitations, it is a study that can contribute to the literature. I have some suggestions. 1- Table 3,4,5,6 are very complicated and not all of these results are included in the results section. Although most of the results in the Tables mentioned above appear statistically significant, it is recommended to reduce the number of tables if they are not clinically significant. Otherwise, these results should be discussed in the results section and discussion section if they are considered to be clinically significant. 2- For such a detailed analysis, there is a discussion part that is far from the literature and did not adequately discuss the results of similar studies, it should be improved. Thank you very much for giving me the opportunity to evaluate this study.



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Reviewer's code: 00504462

Position: Editorial Board

Academic degree: AGAF, FACG, FACP, MD

Professional title: Associate Specialist, N/A

Reviewer's Country/Territory: Mexico

Author's Country/Territory: France

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Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-01-09 17:24

Reviewer performed review: 2023-01-16 01:57

Review time: 6 Days and 8 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
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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

SPECIFIC COMMENTS TO AUTHORS

Dear Sir, This is an outstanding research and quite meticulous one, where new strategies can be learned, as well as to learn some implementation problems that can occur with some policies. However, there are some points that could be hard to analyze at there are some situations that could limit or bias our final conclusions, for example: a) Each period FOB, FIT , STOP-FIT and COVID cover different years, from one to 4, and knowing that each period could have had an implementation time, how that could affect your numbers? b) How can you manage that the number of GE who practice just one colonoscopy could be well evaluated from your Quali-COLO analysis? c) It is not clear the population that is covered around Ile-de-France region and, even though, your research is retrospective, if your information is regarding all the population from 50-74 years old during the entire 11 years period? Or what is the proportion who entered into this screening program? Did you have patients who had had 2 or more colonoscopies during this time? (Eliminating those with cancer? It would be very important for us to get your corrections to have a clearer and easier way to conclude the importance of your work and the possible implications that could arrange to many of us. Thank you