

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 00069066

Position: Editorial Board

Academic degree: FACP, MD, PhD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-05-25 04:53

Reviewer performed review: 2020-06-03 14:21

Review time: 9 Days and 9 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

statements

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

I agree with the authors to ask about this matter based on his data, but in our clinical practise we don't do colonoscopy routinely for post acute diverticulitis

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 00504218

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-06-05 11:52

Reviewer performed review: 2020-06-06 06:37

Review time: 18 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 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This "letter to the editor" article seems to facilitate profound discussion on the previously published article; Should a Colonoscopy Be Offered Routinely to Patients With CT Proven Acute Diverticulitis? A Retrospective Cohort Study and Meta-Analysis of Best Available Evidence by Peter Asaad and associates in World J Gastrointest Endosc. 2019;1:427-437.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 02456959

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Full Professor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-06-05 10:04

Reviewer performed review: 2020-06-06 07:38

Review time: 21 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 checked="" type="checkbox"/> Accept (General priority) <input 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

The colonoscopy is routinely used for patients with diverticulitis. Recently, Asaad et al reported that “routine endoscopy assessment of patients after an episode of CT proven acute diverticulitis may be unnecessary” in the “World J Gastrointest Endosc 2019; 11: 427-437”, and suggest “routine endoscopy assessment of patients after an episode of CT proven acute diverticulitis may be unnecessary”. However, Meyer J et al (Manuscript Number: 56203) conduct a comment on Asaad et al work, and disagree with Asaad et al conclusion. Meyer J et al present more evidence to support that colonoscopy use after an episode of diverticulitis. Therefore, Meyer J et al comment is clinical significance and worth to publish.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 00735414

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Croatia

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-06-07 21:31

Reviewer performed review: 2020-06-09 17:21

Review time: 1 Day and 19 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

It seems that both articles pretend to be “the best of kind” based on the use of a complicated statistical analysis or somewhat questionable literature search. It is well known that both statistics and literature search may prove exactly what the author considers important. Although each study in its segment may draw right conclusion - no conclusion cannot be generalized for whole population. The same applies to colonoscopy after an episode of acute diverticulitis. In addition to considering the above results of the meta-analyses, the clinician will always examine specific risks –personal and family history of the disease, tumor markers, positive fecal test, obesity, etc. and not the results of one specific study. Only the results of large population studies monitoring the outcome of big population cohorts can be considered when making recommendations. Therefore, I think that the above comment can be published. The decision on the diagnostic options to be offered to the patients must be based on the protocols made by national and institutional authorities, and on the clinician’s suspicion due to the risk factors.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 02456959

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Full Professor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Ji-Hong Liu (Technical Editor)

Reviewer accepted review: 2020-07-27 02:02

Reviewer performed review: 2020-07-27 02:36

Review time: 1 Hour

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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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

Meyer et al revised their work according to reviewer's comments. I agree to publish this revised manuscript.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 00504218

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Ji-Hong Liu (Technical Editor)

Reviewer accepted review: 2020-07-27 08:21

Reviewer performed review: 2020-07-27 08:25

Review time: 1 Hour

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
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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



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E-mail: bpgoffice@wjgnet.com
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SPECIFIC COMMENTS TO AUTHORS

This revised manuscript seems to be acceptable for publication.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 56203

Title: Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Reviewer's code: 00735414

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Croatia

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-04-20

Reviewer chosen by: Ji-Hong Liu (Technical Editor)

Reviewer accepted review: 2020-07-27 04:05

Reviewer performed review: 2020-07-29 09:47

Review time: 2 Days and 5 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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

Biostatistics is usually complicated and based on what authors want to confirm or rule out. Therefore, as being clinician I'm not able to compare nothing but simple statistical methods. As I have said: both authors have drawn good conclusions, but each decision regarding each patient must be based both on the patient's characteristics and may be supported by institutional and national guidelines. For specific patients there is risk of both either having invasive procedure or delay it.