

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 25518

Title: Increase in colonic diverticular hemorrhage in comparison with non-diverticular hemorrhage

Reviewer's code: 03259763

Reviewer's country: United States

Science editor: Yuan Qi

Date sent for review: 2016-03-14 15:46

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Editors, This is an interesting manuscript which analyses the spectrum of lower gastrointestinal bleeding (LGIB) in a single center retrospective analysis at Fukuoka University Hospital in chikushino city in Japan, and provides further data on the incidence and risk factors for colonic diverticular hemorrhage (DH). Amongst a total of 1803 japanese patients with LGIB with a mean age of 59 years, 273 patients with colonic DH were separated into an early (1995-2006) and late (2007-2013) group. Patients with inflammatory bowel diseases and bleeding after endoscopic treatment were excluded. DH was defined by the criteria introduced by Jensen et al. in 2000. As the only statistically significant change amongst the causes for LGIB, a strong increase in the incidence of DH was noted: In the early group, the most common cause for LGIB was hemorrhoids (25.6%), colonic DH the fifth common. In the late group, the most common cause was colonic DH (23.0%), closely followed by hemorrhoids (22.6%). Age, use of antithrombotic drugs (ATD), use of NSAIDs, male sex, smoking, alcohol consumption and items of the metabolic syndrome (hypertension, hyperlipidemia and diabetes) were identified as risk factors. The authors speculate, that this is

possibly due to the increasing use of ATDs. A strong increase was noted in 2003, which could correspond to the increasing use of aspirin since 2001 in Japan as recommended in cardiovascular guidelines. Data on diverticulosis and diverticular disease as a common condition with a high morbidity and mortality, and data on the important complication of DH is scarce, therefore this manuscript could help to provide further data on this common disease, and I therefore suggest the editors to consider this manuscript for publication in World Journal of Gastroenterology after corrections and clarifications. Abstract: p.4 line 17 and 22: The authors include "...and arteriosclerotic diseases..." and "...arteriosclerotic disease..." as being more common in patients with colonic DC in the Results and Conclusions of the Abstract. But the extent of arteriosclerotic disease itself was not assessed in this study, rather risk factors for the development of arteriosclerotic disease, such as diabetes and hypertension. It would be helpful if the authors explain this in the manuscript. Introduction: p. 10, line 11: "... is showing an increase in diverticulosis due to an insufficient dietary intake of fiber..." the prevalence of (asymptomatic) diverticulosis is increasing. A reason that is acknowledged due to the available data in the literature is the increasing age in our populations. Data on the role of fiber in the pathogenesis of diverticulosis is conflicting though, and thoughts on this should be addressed very carefully. I therefore suggest to rewrite this paragraph, as fiber currently should not be considered as a secured risk factor for the development of asymptomatic diverticulosis. Results: Severe DH is of particular interest, were the authors able to identify risk factors for severe DH, such as DH requiring blood transfusion in (multivariate) statistical analysis? Discussion: This study was conducted in a Japanese cohort. Diverticula in Asians are more common in the right colon, contrary to the western world, where they are more common in the left colon. It seems reasonable, to state the fact, that this data therefore can not necessarily be conferred to western countries. The authors demonstrate the spectrum and risk factors for LGIB and colonic DH between 1995-2013 at Fukuoka University Hospital, it could be of interest to compare and expand this data with rural regions and other ethnicities, possibly the authors want to include this in the discussion. The incidence of colonic DH is increasing in our aging populations, as is the prevalence of diverticulosis. Is there an estimate how these two trends are connected? Materials and Methods: Most patients (n=207) were defined as

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I read the manuscript with interest ;however, if certain data can be added and clarified it would be more valuable to our readers. Can the authors inform us as to where the diverticular bleed was located? In the right, left or other parts of the Colon. Most recent data suggest that diverticular bleed more commonly originates from the left colon. What percent of diverticular bleeds stopped spontaneously and in others what interventions were taken to stop the diverticular bleed (e.g. endoscopic, surgical)? Why was a cut off date of 2006 chosen for the early group? The authors state that ATD use increased after 2001 and they attribute the increase of LGIB to the use of these drugs. Can they clarify this? They included past smokers as smokers. Was there a cut off time? Someone who has not smoked for over 10 years may not have the sme risk as a current smoker. Can the authors recommend any follow up to the patients that have a higher incidence of colonic diverticular bleed? They conclude that the factors that increase colonic DH are of value in handling these patients.

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In this study, the authors showed changes over time in causes of lower gastrointestinal bleeding (LGIB) and identified factors associated with changes in the incidence and characteristics of diverticular hemorrhage (DH). The result indicates that older patients and those with colonic DH were more frequent than before. The use of antithrombotic drug (ATD) as well as anti-inflammatory drug (NSAID), male sex, smoking, alcohol drinking, and arteriosclerotic diseases were more frequent in patients with DH than in those without. This article was a retrospective study and somehow lack of novelty, meanwhile there are several questions remain to be addressed. Major comments: 1.The causes of LGIB and the risk factors for DH had already been reported, however this study shows changes in the causes of LGIB over time between patient in early group and late group in Japan. 2.The title "Increase in colonic diverticular hemorrhage in comparison with non-diverticular hemorrhage" does not cover the content that some changes took place in the causes of LGIB, which is one of the highlights of the research. 3. Several former large-scale studies have demonstrated that obesity is a consistent risk factor for diverticular bleeding. This factor was not included in the article.



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4. Discuss: The incidence of colonic DH is increasing in aging people, as well as the prevalence of diverticulosis. Is there an association? Minor comments: 1. Table 2: The cause "others" includes 8 elements, and it occupies a large proportion (13.9%). How about list them out, as some may take bigger proportion than those causes list above? 2. Patients were divided into two groups. The cut-off point was set at the year 2006 without explaining. Is it a random choice? 3. Table 3: According to the data above, there were some patients use both ATDs and NSAIDs. Readers may want to know how this part of patients been categorized, as it did not appear in the table 3 individually. 4. It would be better if the author provided the follow-up data.

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Science editor: Yuan Qi

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<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Author demonstrated that Diverticular bleed is more common in elderly and those associated with antithrombotic therapy, NSAIDS and association of diseases like diabetes , hypertension . 1: Why the percentage of elderly patients are higher in late group than in early group. 2:The incidence of colonic DH is lower ,5.9% in Early group than late group 23.0% , because of higher incidence of more elderly patients in the late group,was there any relation with the severity of the disease, and location of the Diverticulae. 3:The number of patients with DH started to increase rapidly in 2003, and peaked in 2008, why it is so. 4: what is the reason for gender difference, DH higher in male than female.