

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 7588

**Title:** Birthplace is not a determinant of colorectal neoplasia: a cross-sectional study in a multi-ethnic population

**Reviewer code:** 02543518

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-26 20:51

**Date reviewed:** 2013-12-13 09:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This is a retrospective chart review that evaluates the adenoma detection rate of different ethnic populations in New Zealand/Australia. General comments – As the authors propose, this is an important topic to study as, if differences in adenoma detection rate are identified among different ethnic populations, it could lead to changes in recommendations for colorectal cancer screening. Although similar data has been explored, more data is still needed on the topic. The manuscript is generally easy to read and follow; however, there are a few inconsistencies. For example, in the abstract, the authors state that the prevalence of polyps varied according to patient's birthplace, but then conclude that birthplace is not a predictor for developing colorectal neoplasia, which contradicts the prior statement. Specific comments – Title: Ethnicity, rather than birthplace, may better describe the population as the authors do not specifically describe the birthplace of the patients in the study Abstract: The results and the conclusion are contradictive as described in the general comments. The authors may also want to consider adding the adenoma detection rate by ethnicity instead of polyps only. Materials and methods: The sample size is rather small; larger numbers may be needed to accurately compare the several groups that are being studied. Another limitation is that a single endoscopist performed all the endoscopies in the study. It is unclear why polyps and adenomas (as well as advanced adenomas) were both used in the study; it would be helpful if the authors defined "polyps" vs "adenomas", were they serrated lesions or hyperplastic polyps, or lesions that were not retrieved? Results: Although the majority of the population (>60%) was over the age of 50, the vast range of patient ages (17-91) could have affected the results. If the aim of the study was to analyze the ADR by ethnicity, a better population may have been those over the age of

50. By this same token, only 15% of the colonoscopies were done for screening/surveillance (although data has found that the ADR does not vary significantly in studies that have included indications other than screening/surveillance. Out of 635 polyps, only 372 were adenomas or advanced adenomas. The authors should describe what the other polyps were. The total number of adenomas in each ethnic group should also be included. Discussion – The authors mention that the ADR did not differ among the different ethnic groups after correcting for risk factors and confounders; this should be described in the results section, stating what risk factors and confounders were adjusted for. The last chapter in the discussion reviews information that has already been discussed regarding practitioners’ recommendations for colorectal cancer screening and participation in colorectal cancer screening; perhaps this paragraph could be incorporated with the other two as they discuss the same issues. Tables – Table 1 demonstrates that there were differences in some baseline characteristics of the population (age, cholesterol, BMI). Perhaps this should be mentioned in the results/discussion and mention how this could have, if at all, affected the results. The authors state that birthplace was not found to be a predictor of polyp detection, but birthplace is not included in the table where these calculations are presented. Perhaps it should be added to Tables 3 and 4. References – reference 25 is trial of oral phosphate binder for pseudoxanthoma elasticum, not related to quality of bowel prep and adenoma detection.

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**Title:** Birthplace is not a determinant of colorectal neoplasia: a cross-sectional study in a multi-ethnic population

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

1. Parts of materials and methods divide each section. 2. Page 7. FOBT (Table) Double space marked between FOBT and Table (4&5)