

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 24237

Title: Calcium supplementation for the prevention of colorectal adenomas: a systematic review and meta-analysis of randomized controlled trials

Reviewer's code: 00225265

Reviewer's country: South Korea

Science editor: Ze-Mao Gong

Date sent for review: 2016-01-15 11:44

Date reviewed: 2016-03-03 23:42

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

COMMENTS TO AUTHORS

This study presented the effect of calcium supplementation on colorectal adenoma recurrence through a meta-analysis of clinical trials. Three trials included patients who had colorectal adenoma, but underwent colonoscopy, and one trial included colorectal cancer patients. Major comments are as follows; 1) Abstract For "Therefore, it is safe to say that calcium does not appear to strongly reduce the risk of adenomas; however, there is evidence to suggest a modest overall risk reduction", author may need to revise the conclusion. Given a significant inverse association (13% or 11% reduction), "it is safe to say that calcium does not appear.." it maybe somewhat strong to state no strong association because even 13% or 11% could be substantial with a long follow-up. We can rather say that it is a modest risk reduction. 2) Introduction "This endpoint also avoids the size and complexity required for trials of colorectal cancer itself", this statement may not be correct for colorectal adenoma because size and types of adenomas are also clinically important to predict cancer development. Please delete it or revise it. 3) Authors seemed to be motivated by a recent trial of Baron et al. and this large trial found no association for calcium supplementation. Because Baron's recent trial is the largest among



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four trials, it has large contribution to weight. Thus, it would be better to address why this large trial found no association in the discussion session. (different population? any study design issue? lower rate of advanced adenomas recurrence compared to their previous trial? etc.) 4) please also address the mechanism through which calcium decreases colorectal cancer risk in the discussion session 5) in figure 1, it is not clear how $n=27$ becomes $n=4$. please clearly address no. of studies excluded and the reasons. Minor comments are as follows; 1) Introduction "However, even after polypectomy, rates of adenoma recurrence may be up to 50 percent" please state duration of follow-up. How long did those studies follow patients and found 50% of recurrence? 2) In Table 1, authors can cite the references that actually provided information on RR estimates. For additional citations for each study, please specify them into the text. 3) please indicate what n and N are in the footnote of figure 3.

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Title: Calcium supplementation for the prevention of colorectal adenomas: a systematic review and meta-analysis of randomized controlled trials

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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 checked="" 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 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 checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input 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

In figure 3 and 4 please explain n and N. Could you discuss and give evidence on the development of colorectal carcinomas among the patients with adenomas ? What is the clinical significance of fixed and random effects?