



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 51540

**Title:** Risk of gastrointestinal cancer in a symptomatic cohort after a complete colonoscopy: role of faecal immunochemical test

**Reviewer’s code:** 02546652

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Research Scientist

**Reviewer’s country:** Italy

**Author’s country:** Spain

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2019-09-25 14:37

**Reviewer performed review:** 2019-10-02 05:43

**Review time:** 6 Days and 15 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

The paper is interesting and well written. I have few suggestions to improve the paper: 1) Study population: the authors should discuss more characteristics of the study population at baseline. For example, NICE recommendation are about adoption of FIT in primary care for symptomatic patients without rectal bleeding. By contrast, a large proportion of study patients performed colonoscopy because of rectal bleeding. It seems that selection of study population is skewed towards more severe symptoms and a higher risk of CRC cancer with respect to an "ideal" population identified by NICE guidelines 2) Author discuss the high risk of CRC cancer found in study patients after a negative colonoscopy, but limits in study size prevented them to further investigate determinants of such risk. However, I think that two parallel analyses should be carried out to assess risk/rates of CRC and the association with a positive FIT after excluding subjects with advanced adenoma, and all subjects with SCL 3) Authors should check the manuscript for minor typesetting, for example to provide in the Abstract the full words of the abbreviation SCL

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- [ ] The same title
- [ ] Duplicate publication
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- [ Y ] No

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