



## PEER-REVIEW REPORT

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

**Manuscript NO:** 91266

**Title:** Stage at diagnosis of colorectal cancer through diagnostic route: Who should be screened?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03319869

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-12-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-12-29 16:46

**Reviewer performed review:** 2024-01-01 13:02

**Review time:** 2 Days and 20 Hours

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

This is a very informative and important article. Colorectal ca screening is an important public health tool and has vast health and cost implications to the society. The persistent problem with screening is acceptability by the population as well as to some extent availability and access to it for some disadvantaged demographics. 100% utilization although ideal would always be unachievable. This articles explores a novel idea to address this problem by identifying a demographic who stands to benefit significantly from colorectal ca screening, ie people with infrequent contact with healthcare institutions. The article has demonstrated convincingly that this population presents with a higher stage of colorectal cancer at statistically significant higher rates than the people presenting for routine screening as well as those who make frequent contact with health care facilities. Formulation of policies to focus screening efforts to this population could therefore be beneficial. Such a policy would however need to address the problem of acceptability and access which is at the core of the problem. This population demographic, ie the patients who infrequently use healthcare facilities do so because either they do not have means, access to utilize healthcare facilities or sometimes are



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circumspect of modern healthcare. By focussing on these patients, as a policy matter, would hopefully overcome the basic issues of accessibility and access.