

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 68785

Title: Ethical dilemma of colorectal screening: What age should a screening colonoscopy start and stop?

Reviewer's code: 05548758

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-06-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-10 00:56

Reviewer performed review: 2021-06-10 13:04

Review time: 12 Hours

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|---------------------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input checked="" 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 Grade E: Do not publish |
| Language quality | <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 |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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SPECIFIC COMMENTS TO AUTHORS

The authors discussed at what age should a screening colonoscopy start and stop, based on the report by Flynn et al. This topic would be of great interest to most endoscopists, and I generally agree with the author's opinion. However, I would like to ask for an additional opinion from the author on this topic. Comments 1. In the CONCLUSION section, the authors proposed that CRC screening should be extended to adults 75 years or older based on risk factors and patient profile. However, the US Preventive Services Task Force Recommendation Statement (USPSTF) has already recommended that the decision to screen for CRC in adults aged 76 to 85 years should be made, taking into account the patient's overall health and prior screening history. This is similar to the author's opinion. Additionally, while Flynn et al. reported that there was no difference in surgical treatment outcomes when comparing patients aged 85 and older to those aged 75-85 years, they did not compare those groups to patients 74 years of age or younger. Therefore, in the CONCLUSION section, the authors should discuss whether adults over 85 years of age, who have no recommendation of screening according to USPSTF, should be screened, in order to be accepted as a Letter to the paper by Flynn et al. 2. For the decision whether or not to screen for CRC, it is important to clarify not only the reduction of CRC mortality, but also the increase of life expectancy by the intervention. There were no data about long term outcomes in the report by Flynn et al. The treatment for the very elderly, who may have various comorbidities, would not necessarily contribute to increase their life expectancy. Especially in adults 86 years or older, fewer additional life-years would be gained than in adults aged 76 to 85 years. For the discussion of the upper age limit for a screening colonoscopy, we should recognize this point, in addition to the risk of interventions. Please describe your opinion on this.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 68785

Title: Ethical dilemma of colorectal screening: What age should a screening colonoscopy start and stop?

Reviewer's code: 03806663

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

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|---------------------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input checked="" 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 |
| Language quality | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| Conclusion | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection |
| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Peer-reviewer statements | 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

we need large clinical studies with meta-analysis to discuss this issue and compare the benefits of the present guidelines with the extended approach of screening.