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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 80757

Title: Effectiveness of early colonoscopy in patients with colonic diverticular

hemorrhage: A single-center retrospective cohort study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00504462 **Position:** Editorial Board

Academic degree: AGAF, FACG, FACP, MD

Professional title: Associate Specialist, N/A

Reviewer's Country/Territory: Mexico

Author's Country/Territory: Japan

Manuscript submission date: 2022-10-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-13 19:58

Reviewer performed review: 2022-10-16 20:01

Review time: 3 Days

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Sir, It was an impressive work for a long length of time. Your results are impressive, however, it should be addressed some details that you need to revise: a) There are some concepts and words that can cause some confusion as "underwent early colonoscopy due to shock vital after hospitalization were also excluded to avoid immortal time bias."¿? and "creatinine under 1.5 mg/dL was defined as chronic kidney disease" ¿? b) You analyzed two groups of 191 patients, however, into your tables you included a table where you included as well, all patients before the propensity score matching analysis. Why did you do that? And if you did that, why did not you included both groups into the table 2 and 3? And how and what criteria did you used to exclude 66 patients from each group? c) You do mention the rebleeding cases, but were there mortality cases in these groups? How long time did you performed the follow up after the hospital discharge? Did you have more rebleeding cases or mortality cases? Even thought they were not related to diverticular bleeding? Please let us know your answers in order to make a more profound analysis of your interesting manuscript. Sincerely



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Reviewer's code: 02468626 Position: Editorial Board Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Japan

Manuscript submission date: 2022-10-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-12 07:16

Reviewer performed review: 2022-10-23 20:19

Review time: 11 Days and 13 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors presented a large study on the outcomes of colonoscopy after diverticular bleeding. The study is well conducted and well written. It is one of the largest studies on the topic. Main remarks 1) Exclusion criteria. I do not understand what "Patients with missing measurements" are. Please rephrase. 2) Exclusion criteria. Why "patients who underwent early colonoscopy due to shock vital after hospitalization" were excluded? What is shock vital? Also, please try to explain the meaning of immortal time bias. 3) I do not see the reason for calling "shock vitality" shock index >1. I suggest to just call it shock index >1 to avoid misunderstanding. 4) 1-2 endoscopic pictures showing stigmata of diverticular bleeding should be included.