

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 88380

**Title:** Association between triglyceride-glucose index and colorectal polyps: a cross-sectional study

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

**Peer-review model:** Single blind

**Reviewer's code:** 03767650

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-09-22

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-09-22 23:25

**Reviewer performed review:** 2023-10-04 05:03

**Review time:** 11 Days and 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" 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 type="checkbox"/> Grade A: Excellent <input checked="" 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 type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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

Overall, this paper presents valuable research on the association between the TyG index and colorectal polyps in the Chinese population. With some major revisions and additional details, it can further enhance its clarity and impact in the field of colorectal cancer prevention. Major 1. Please provide a clear definition of polyps in the Methods section. Do polyps in this study include hyperplastic or hamartomatous polyps? The reviewer imagines that a variety of polyps are included in this study, but in general, adenomas occupy an important place among polyps as precancerous lesions. Thus, the association between the presence of adenoma and TyG index is significant. Please analyze the association. A similar analysis for serrated polyps, such as hyperplastic polyp, SSL, and TSA, would be meaningful. 2. The number of colorectal adenomas is associated with the risk of CRC. Can you present the association between more than 3 adenomas and TyG index, since more than 3 adenomas are classified as high risk adenomas? 3. Polyp detection has been shown to have association with endoscopist experience and endoscopic equipment "literature". If you can adjust for them, please provide the relationship. 4. Please explain why you adjusted for the factors, such as TC,

LDL-C and HDL-C, but not Glu and ALT. 5. I believe it is better to show the sensitivity, specificity, positive predictive value and negative predictive value with a cutoff of 2.31  
Minor Please delete Characteristics and Colonoscopic findings in the first row from Table 1.

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**Reviewer's code:** 04163041

**Position:** Editorial Board

**Academic degree:** FACS, MBBS, MNAMS

**Professional title:** Professor

**Reviewer's Country/Territory:** India

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-05 15:57

**Reviewer performed review:** 2023-10-16 14:03

**Review time:** 10 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Conclusion</b>	<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
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<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

It is presumed that this retrospective study is a sub analysis of data that were collected from patients who underwent screening colonoscopy, but the article is described as though it is a prospective study. It is not mentioned in this study how the patients were selected for screening colonoscopy. In this study patients above 17 years are included but it is not mentioned why they were subjected to screening colonoscopy. Patients were grouped as those with or without polyps – but those with polyps are not categorised as per the polyps' histopathological data and analysed. All polyps were considered as potential precursors of malignancy. If the patients underwent screening colonoscopy, did they undergo the specific blood tests also so that TyG index can be calculated? If so what is the explanation for doing these blood tests in all these patients, that too without informed consent. The role of AST and ALT in these patients is not indicated. It is unlikely that the Ethical committee would have waived informed consent for the screening program. if the authors conclusively prove that it is a retrospective study, this point may be accepted. The variables included were only age and sex, but smoking, alcohol use, physical activity, BMI , diabetes, etc were not discussed. The significance



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of TyG in predicting IR is not detailed, except stating that it is better than HOMA IR index.