

Dr Lian-Sheng Ma  
Editor-in-Chief  
Editorial Office  
World Journal of Gastroenterology

10 February, 2014

Dear Dr Ma,

**Re:** Birthplace is not a determinant of colorectal neoplasia: a cross-sectional study in a multi-ethnic population

**Authors:** Fiona Tran, Jenn Hian Koo  
**Name of Journal:** World Journal of Gastroenterology  
**ESPS Manuscript NO:** 7588

Thank you for your email dated 26<sup>th</sup> January 2014, regarding the revision of the above manuscript. The authors thank the editors and reviewers for their constructive feedback and supportive comments. We greatly appreciate the opportunity to address these issues and have made the appropriate revisions in the manuscript. Below is the point-by-point response to the reviewer's comments and suggestions:

#### Editor comments

The authors thank the editor for the altered format of the article. Subsequent changes to the article have been made to "7588-edited.doc"

**Comment:** "Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. For those references that have not been indexed by PubMed, a printed copy of the first page of the full reference should be submitted."

**Response:** The appropriate changes have been made to the references (pg 13-16).

#### Reviewer #1

**Comment 1:** "As the authors propose, this is an important topic to study as, if differences in adenoma detection rate are identified among different ethnic populations, it could lead to changes in recommendations for colorectal cancer screening. Although similar data has been explored, more data is still needed on the topic. The manuscript is generally easy to read and follow; however, there are a few inconsistencies. For example, in the abstract, the authors state that the prevalence of polyps varied according to patient's birthplace, but then conclude that birthplace is not a predictor for developing colorectal neoplasia, which contradicts the prior statement."

**Response 1:** We thank the reviewer for these comments. We have edited the abstract to improve clarity of the results by adding the multivariate analysis revealed that birthplace was not an independent predictor of developing polyps, after correcting for age and male sex.

**Comment 2:** "Ethnicity, rather than birthplace, may better describe the population as the authors do not specifically describe the birthplace of the patients in the study."

**Response 2:** We have used birthplace in this study instead of ethnicity as we believe it is a more objective measure compared with ethnicity. For example, patients born in Italy are of Caucasian



ethnicity and may differ significantly from Caucasians born in Australia in risk factor profile for polyps and CRC – therefore placing Australian-born Caucasians and Italian-born Caucasians in the same category may not be suitable for the purpose of this study.

**Comment 3:** “The sample size is rather small; larger numbers may be needed to accurately compare the several groups that are being studied. Another limitation is that a single endoscopist performed all the endoscopies in the study.”

**Response 3:** We thank the reviewer for these astute comments and have acknowledged these limitations in the discussion of this study (pg 10).

**Comment 4:** “It is unclear why polyps and adenomas (as well as advanced adenomas) were both used in the study; it would be helpful if the authors defined “polyps” vs “adenomas”, were they serrated lesions or hyperplastic polyps, or lesions that were not retrieved?”

**Response 4:** We have clarified the histopathological subtypes of the polyps “A total of 21 colorectal cancers and 635 polyps (281 adenomas and 91 advanced adenomas, 166 hyperplastic polyps, 24 normal histology, 3 inflammatory polyps, 1 hamartomatous, 69 polyps were not retrieved) were detected in 227 patients” (pg 5).

**Comment 5:** Although the majority of the population (>60%) was over the age of 50, the vast range of patient ages (17-91) could have affected the results. If the aim of the study was to analyze the ADR by ethnicity, a better population may have been those over the age of 50. By this same token, only 15% of the colonoscopies were done for screening/surveillance (although data has found that the ADR does not vary significantly in studies that have included indications other than screening/surveillance.

**Response 5:** We thank the reviewer for this for these perceptive comments. We have included analysis of patients aged 50 years and above (pg 6).

**Comment 6:** Out of 635 polyps, only 372 were adenomas or advanced adenomas. The authors should describe what the other polyps were. The total number of adenomas in each ethnic group should also be included.

**Response 6:** We thank the reviewer for these observations. We have clarified the total number of adenomas in each ethnic group “The number of adenomas according to patient’s birthplace: Australia/New Zealand 46.2% (n=129), Europe 25.4% (n=71), Middle East/ Africa 13.3% (n=37), Asia 10.0% (n=28), South America 3.9% (n=11), Pacific Islands 1.2% (n=3).”

**Comment 7:** The authors mention that the ADR did not differ among the different ethnic groups after correcting for risk factors and confounders; this should be described in the results section, stating what risk factors and confounders were adjusted for.

**Response 7:** We thank the reviewer for this constructive feedback and have included the risk factors and confounders in the results section – “Other risk factors and confounders including, body mass index, diabetes mellitus, hypercholesterolemia, smoking, aspirin and NSAID use were not statistically significant in both univariate and multivariate analysis for adenoma and advanced adenomas” (pg 7).

**Comment 8:** “The last chapter in the discussion reviews information that has already been discussed regarding practitioners’ recommendations for colorectal cancer screening and participation in colorectal cancer screening; perhaps this paragraph could be incorporated with the other two as they discuss the same issues.”

**Response 8:** We thank the reviewer for these comments and have incorporated the discussion regarding practitioner’s recommendations for colorectal cancer screening and participation in the last paragraph of the discussion (pg 10-11).

**Comment 9:** “Table 1 demonstrates that there were differences in some baseline characteristics of the population (age, cholesterol, BMI). Perhaps this should be mentioned in the results/discussion and mention how this could have, if at all, affected the results.”

**Response 9:** We acknowledge the reviewer’s comments and have discussed the implications of these risk factors on page 9.

**Comment 10:** “The authors state that birthplace was not found to be a predictor of polyp detection, but birthplace is not included in the table where these calculations are presented. Perhaps it should be added to Tables 3 and 4.”

**Response 10:** We acknowledge the reviewer's comments and have included "birthplace" as a predictor of adenoma and advanced adenoma detection in Tables 3 to 5 (pg 20-21).

We hope you will find the revised manuscript suitable for publication in the *World Journal of Gastroenterology*.

Please do not hesitate to contact me if there are any further questions or clarifications.

Thank you,



Fiona Tran  
Gastroenterology and Hepatology Services,  
Liverpool Hospital,  
Elizabeth Street, Liverpool,  
NSW 2170, Australia  
Email: [f.tran88@gmail.com](mailto:f.tran88@gmail.com)