

02-Nov-2022

Dear Dr. Joo Young Cho

Editor-in-Chief & Co-Editor

World Journal of Gastrointestinal Endoscopy

Thank you for inviting us to submit a revised draft of our manuscript entitled “Effectiveness of early colonoscopy in patients with colonic diverticular hemorrhage: A single-center retrospective cohort study”. We also appreciate the time and effort you and each of the reviewers have dedicated to providing insightful feedback on ways to strengthen our paper. Thus, it is with great pleasure that we resubmit our article for further consideration. We have incorporated changes that reflect the detailed suggestions you have graciously provided. We also hope that our edits and the responses we provide below satisfactorily address all the issues and concerns you and the reviewers have noted.

To facilitate your review of our revisions, the following is a point-by-point response to the questions and comments delivered in your letter dated 28-Oct-2022.

Reviewer 1

RESPONSE:

1. This study is a retrospective cohort study. Therefore, it is possible that there were some cases for which variables could not be obtained, and these were all excluded. We apologize for the confusing wording. We have changed it as follows: “Patients for which variables could not be obtained, such as time from visit to colonoscopy, were also excluded.”
2. For example, in the context of a randomized controlled trial, we mean cases in which patients were initially allocated to the elective group without hemorrhagic shock, but became in the early group because they developed hemorrhagic shock during the course of the trial. We excluded these cases because they were allocated to the early group due to worsening of their condition, which may have adversely affected the results of the early group. The term immortal time bias was removed because it was inappropriate. We have changed it as follows: “Patients who presented without hemorrhagic shock but developed hemorrhagic shock during follow-up and were allocated to the early colonoscopy group were excluded because they were allocated to the early colonoscopy group due to deterioration of their condition, which may have

disadvantaged the early group.”

3. The original citation is out of date and has been changed to a new reference for 2019. As noted in the cited literature, a shock index over 1 suggests the possibility of hemorrhagic shock. We adopted this as it is a convenient indicator of poor condition at the time of presentation.
4. We have presented the findings noted in Figure 1

Reviewer 1

RESPONSE:

a) As commented in Reviewer 1, 2), the term “immortal time bias” was removed because it is not appropriate. As for creatinine, we have changed it from “under” to “over” .

b) A table of the two groups before matching is shown to indicate what imbalances existed in the two groups before propensity score matching was performed. The table also shows the extent to which the imbalance between the two groups improved after the matching and the two groups are now comparable.

Cases are excluded here because, although cases with similar propensity scores in both groups are matched, they are the nearest neighbor matching, and cases that are not matched are excluded.

The reason why the pre-matching results are not shown in Tables 2 and 3 is that the two groups before matching are not comparable, so it is meaningless to show the results.

In recent papers using propensity score matching, it is common practice to include pre-and post-matching in background comparisons and only post-matching in the reporting of results.

Miyakuni Y, et al. Angiography versus colonoscopy in patients with severe lower gastrointestinal bleeding: a nation-wide observational study. *Acute Med Surg.* 2020; 7(1):e533.

doi: [10.1002/ams2.533](https://doi.org/10.1002/ams2.533).

Miyamoto Y, et al. Effect of tranexamic acid in patients with colonic diverticular bleeding: A nationwide inpatient database study. *J Gastroenterol Hepatol.* 2021;36(4):999-1005.

doi: [10.1111/jgh.15247](https://doi.org/10.1111/jgh.15247).

c) One death case was observed in each case but was not investigated in this study

due to the small number of cases. None of the deaths were due to hemorrhage. The study also did not assess how deaths changed after propensity score matching.

Post-discharge follow-up was not allowed in this study, and all outcomes were during the hospital stay. We have added this to the text.

Again, thank you for giving us the opportunity to strengthen our manuscript with your valuable comments and queries. We have worked hard to incorporate your feedback and hope that these revisions persuade you to accept our submission.

Sincerely,

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