Author's response to reviews

Title: Prevalence and Risk Factors of Asymptomatic Colorectal Diverticulosis in Taiwan

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Author's response to reviews: see over
Dear Editor:

We would like to submit our revised manuscript for consideration of publication in the BMC Gastroenterology. Enclosed please find our revised manuscript entitled "Prevalence and Risk Factors of Asymptomatic Colorectal Diverticulosis in Taiwan". We highly appreciate the valuable comments from the Editor and the reviewers and have made an itemized, point-by-point response to the comments, referring to page numbers where possible.

We appreciate your consideration of this manuscript for publication in the BMC Gastroenterology. We hope the revised manuscript could meet with your approval.

Sincerely Yours,
Dr. Fu-Wei Wang,

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The manuscript has been improved according to the suggestions of the Editor and the reviewers and the changes are underlined in the revised manuscript.

Editor comments:

Comment 1. The authors mention asymptomatic patients >20 yrs old undergoing colonoscopy were included in the study. It is not clear why such subjects were subjected to colonoscopy. Screening colonoscopy for CRC is at a higher age or in subjects with a family history of colorectal carcinoma. This needs to be clarified.

Reply to comment 1: We agreed with the reviewer’s valuable comments. Nonetheless, some people because of various reasons to own expense for health check-up (contents include colonoscopy) in Taiwan. Similar study population also found in other reports (PLoS ONE 2013, 8(12):e81137; Korean J Intern Med 2010, 25(2):140–146). In this study, the subjects were excluded if they reported symptoms of lower gastrointestinal tract disease including rectal bleeding, a marked change in bowel habits, or lower abdominal pain that would normally require medical evaluation. Other exclusion criteria were a history of colitis, colorectal polyps or colorectal cancer, prior colonic surgery, undergoing a sigmoidoscopy, a colonoscopy, or a barium enema within the previous 10 years. The study protocol was approved by Institutional Review Board at Kaohsiung Veterans General Hospital and all participants provided written informed consent. We provided the reason why such subjects were subjected to colonoscopy in the revised manuscript (P. 5, lines 11-12: Some people in Taiwan underwent health check-up including colonoscopy at their own expense because of various reasons.

Comment 2. Diverticulosis incidence has been reported to be low in populations with high fiber diets. Did the study assess for dietary fiber intake? A simple veg/non veg may not clarify the fiber pattern.

Reply to the comment 2: We thank the reviewer’s constructive comments. Several studies have suggested that a low-fiber diet causes colonic diverticulosis. However, in this study, we did not collect a detailed dietary history with regard to fiber and fat intake in the questionnaire and we had mentioned it in the discussion section (P. 13, lines 9-11: Third, the limited information on type and duration of alcohol use and the lack of a detailed dietary history with regard to fiber and fat intake might decrease the power of these factors.).

Reviewer 2 comments:

Comment 1. Alcohol use should be in grams / day for better stratification and comparability.

Reply to comment 1: In this study, subjects were asked the following two questions regarding alcohol consumption; “Do you drink alcohol?”, “How many days per week do you drink alcohol?” Then, subjects with alcohol consumption were categorized as nondrinker, ≤ 3 times per week, or >3 times per week. We agreed with the reviewer’s valuable comments that alcohol use should be in grams / day for better stratification and comparability and we
had mentioned it in the discussion section (P. 13, lines 9-11: Third, the limited information on type and duration of alcohol use and the lack of a detailed dietary history with regard to fiber and fat intake might decrease the power of these factors.).

**Comment 2. Duration of NSAID use not mentioned.**

**Reply to comment 2:** In this study, subjects were asked about regular use of NSAID. Regular use of medication was defined as medication starting at least 1 year before the interview. We also provided the duration of NSAID use in the revised manuscript (P. 8, line 5: regular NSAID use at least 1 year (yes or no)).

**Comment 3. Patients population can be divided between urban and rural.**

**Reply to comment 3:** We thank the reviewer’s constructive comments. There are many health check-up units in Taiwan and most of the cases choose the nearest unit. Our center was located in the metropolitan area. In this study, we did not divide subjects into urban and rural subjects because most of them came from urban area. However, we provided the data of education level and economic status of subjects (Table 1) due to possible limitation.(P.13, lines 4-7: self-selection bias of the population in this trial was possible because all enrolled subjects underwent self-paid health examination, which usually indicated better economic status than the general population in Taiwan.).

We thank the reviewers’ valuable and constructive comments!