ISSN(O): 2320-5407 | ISSN(P): 3107-4928

ISSN NO. 2320-5407

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR- 58544

Title: ***Asociación entre la colonoscopia de vigilancia y la reducción del riesgo de cáncer colorrectal en enfermedad inflamatoria intestinal: revisión sistemática y metaanálisis.***

Recommendation:
Accept as it is .....
Accept after minor revision...
Accept after major revision .....
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		Good		
Techn. Quality	Excellent			
Clarity		Good		
Significance	Excellent			

Reviewer's ID: Dr. Sumathi

Detailed Reviewer's Report

1. **Colonoscopy surveillance monitors patients with a history of polyps, inflammatory bowel disease, or colorectal cancer. Intervals are based on the most severe baseline findings. For low-risk adenomas (1-2 small polyps), the recommended follow-up is 7 to 10 years. For high-risk or advanced polyps, surveillance drops to 3 years.**
2. **Surveillance colonoscopy for inflammatory bowel disease (IBD) aims to detect early precancerous changes, starting 8 to 10 years after symptom onset, with repeat intervals typically scheduled every 1 to 3 years depending on individual risk factors.**
3. **Inflammatory bowel disease (IBD) is a group of chronic conditions involving long-term inflammation of all or part of the digestive tract, primarily consisting of Crohn's disease and ulcerative colitis. It happens when the body's immune system makes a mistake and attacks the gut.**
4. **That premise is incorrect; inflammatory bowel disease (IBD) is actually associated with a significantly increased risk of colorectal cancer, not a reduction. Long-term inflammation in conditions like**

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ulcerative colitis and Crohn's disease damages the lining of the colon over time, which can lead to abnormal cell growth and cancer.

5. **Colorectal cancer (CRC) risk is the chance that a person will develop cancer of the colon or rectum. Key factors shaping this risk include age (mostly affecting adults over 45), family history or genetics (like Lynch syndrome), and lifestyle choices (such as diet and physical inactivity).**
6. **Detecting early precancerous dysplasia relies on specific screening exams, tissue biopsies, and visual checks, as abnormal cells often cause no pain or warning signs. Key methods include Pap tests, colonoscopies, and tissue biopsies. Systematic reviews and meta-analyses show that regular endoscopic monitoring lowers overall cancer incidence and helps find lesions at a more curable stage.**
7. **Colorectal cancer (CRC) risk and related mortality are influenced by lifestyle, aging, and a worrying rise in early-onset cases. Key factors include dietary habits, obesity and physical inactivity, and family genetics.**
8. **Colorectal cancer (CRC) carries a lifetime development risk of about 3.9% (1 in 25 people) and stands as the second leading cause of cancer-related deaths globally and in the United States.**
9. **Key words must be given.**
10. **Research topic is medically impressive one.**
11. **Result part should be with tables and graphs for values.**
12. **Flow chart with significant points are excellent.**
13. **References should be with alphabetical order.**
14. **After those changes good to publish in your journal.**