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REVIEWER'S REPORT

Manuscript No.: IJAR-58544

Title: Association Between Surveillance Colonoscopy and Colorectal Cancer Risk in Patients with Inflammatory Bowel Disease: A Systematic Review and Meta-analysis,

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision ...YES.....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality			–	
Techn. Quality		–		
Clarity		_		
Significance		_		

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

1. Strengths

*** The topic is clinically important and highly relevant to gastroenterology and inflammatory bowel disease (IBD).**

*** The study follows a systematic review and meta-analysis design based on PRISMA 2020 guidelines.**

*** Multiple major databases (PubMed, Embase, Scopus, CENTRAL, and Web of Science) were searched.**

*** Methodological quality assessment (ROBINS-I) and certainty of evidence (GRADE) were included.**

*** Statistical methods (random-effects model, sensitivity analysis, heterogeneity assessment) are appropriate.**

*** Conclusions are generally consistent with the presented findings and current clinical guidelines.**

*** The manuscript is clearly organized and easy to follow.**

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2. Weaknesses

*** **Originality is limited.** Several systematic reviews and meta-analyses on surveillance colonoscopy in IBD have already been published, and the manuscript does not clearly explain how it provides new evidence.**
*** The search strategy is inadequately described. Full search strings, Boolean operators, and search dates should be provided.**
*** PRISMA flow diagram and characteristics of included studies (Table 1) are missing.**
*** Forest plots, funnel plots, and risk-of-bias figures are referred to but not included.**
*** Registration of the review protocol (e.g., PROSPERO) is not mentioned.**
*** Publication bias analysis (Egger's test/Begg's test or funnel plot) is absent.**
*** Subgroup analyses (ulcerative colitis vs Crohn's disease, high-definition colonoscopy vs chromoendoscopy, geographical regions) are lacking.**
*** The manuscript reports pooled estimates but provides insufficient details regarding study heterogeneity and sensitivity analyses.**
*** Discussion largely summarizes previous literature rather than critically interpreting the findings.**
*** Several references appear incomplete or inconsistent and require careful verification.**

3. Key Points

*** Addresses an important question regarding colorectal cancer prevention in patients with inflammatory bowel disease.**
*** Demonstrates that surveillance colonoscopy is associated with a reduced risk of colorectal cancer (RR 0.63).**

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*** Supports current guideline recommendations for surveillance colonoscopy.**

*** Suggests that high-definition colonoscopy and chromoendoscopy improve dysplasia detection.**

*** Evidence quality is moderate because most included studies are observational.**

4. Significance

****Scientific significance:** Moderate**

The study reinforces existing evidence supporting surveillance colonoscopy in IBD. Although clinically useful, the novelty is limited because similar systematic reviews and meta-analyses have already been published. The manuscript would have greater impact if it demonstrated new evidence, updated analyses, or important subgroup findings.

5. Recommendation

****Recommendation: Major Revision****

Justification for Major Revision

The manuscript has clinical relevance and uses an appropriate methodology; however, several important issues should be addressed before publication:

1. Clearly state the novelty compared with previous meta-analyses.

2. Provide complete PRISMA checklist and flow diagram.

3. Include complete search strategy and protocol registration information.

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4. Add missing figures and tables (Forest plot, Risk of Bias, Funnel plot, Study Characteristics).

5. Perform publication bias and additional subgroup analyses where appropriate.

6. Improve discussion by critically comparing findings with previous studies.

7. Verify and standardize all references.

8. Improve reporting according to the **PRISMA 2020 statement.**

****Final Decision:** **Major Revision**. The manuscript is potentially publishable after substantial revisions addressing methodological reporting, completeness of results, and demonstration of novelty.**

Detailed Justification for **Major Revision (Line-by-Line Reviewer Comments)**

Title (Lines 1–3)

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****Issue 1:** Title does not indicate whether this is an updated or novel systematic review.**

*** **Reason:** Numerous systematic reviews and meta-analyses on surveillance colonoscopy in IBD already exist. The title should emphasize the study's novelty or updated evidence.**

**Abstract (Lines 5–25)**

**Lines 10–14 (Methods)**

****Issue 2:** Search strategy is inadequately described.**

*** **Reason:** Only databases are mentioned. Exact search terms, Boolean operators, date of final search, language restrictions, and inclusion/exclusion criteria are not summarized.**

**Lines 15–18 (Results)**

****Issue 3:** Results are incomplete.**

*** **Reason:** Publication bias, subgroup analyses, number of participants, and pooled effect sizes for secondary outcomes are not reported.**

**Lines 19–23 (Conclusion)**

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****Issue 4:** Conclusion is stronger than the evidence.**

*** **Reason:** Since only observational studies were included and evidence certainty is moderate, the recommendation should be more cautious.**

 # **Introduction (Lines 26–43)**

**Lines 27–39**

****Issue 5:** Literature gap is not clearly identified.**

*** **Reason:** Previous systematic reviews and meta-analyses are cited, but the manuscript does not explain why another review is needed.**

**Lines 41–43**

****Issue 6:** Objectives are too general.**

*** **Reason:** No clearly defined PICO (Population, Intervention, Comparator, Outcomes) framework is provided.**

 # **Materials and Methods (Lines 45–89)**

**Lines 47–53**

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Issue 7: PRISMA compliance is incomplete.

* **Reason:** The manuscript states that PRISMA 2020 was followed but does not include a completed PRISMA checklist.

Lines 49–53

Issue 8: Search strategy lacks reproducibility.

* **Reason:** Complete search strings and search syntax are missing.

Lines 55–64

Issue 9: Eligibility criteria require greater detail.

* **Reason:** Study design, publication language, grey literature, conference abstracts, and duplicate handling are not described.

Lines 65–68

Issue 10: Risk-of-bias assessment lacks details.

* **Reason:** ROBINS-I domains and reviewer agreement are not reported.

Lines 69–78

Issue 11: Statistical analysis is incomplete.

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*** **Reason:** No assessment of publication bias (Egger's test, Begg's test, or funnel plot) is described.**

**Lines 69–78**

****Issue 12:** Subgroup analyses are missing.**

*** **Reason:** Important analyses according to ulcerative colitis vs. Crohn's disease, surveillance techniques, and geographic regions are absent.**

**Lines 79–89**

****Issue 13:** PROSPERO registration is not mentioned.**

*** **Reason:** Registration is recommended for systematic reviews to improve transparency.**

 # **Results (Lines 90–124)**

**Lines 91–98**

****Issue 14:** PRISMA flow diagram is missing.**

*** **Reason:** The figure is referenced but not provided.**

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Lines 100–107

Issue 15: Characteristics of included studies are incomplete.

* **Reason:** Table 1 is missing, preventing assessment of study quality and comparability.

Lines 109–115

Issue 16: Forest plot is missing.

* **Reason:** Figure 2 is cited but not included.

Lines 117–124

Issue 17: Publication bias results are absent.

* **Reason:** Funnel plots and statistical tests are essential in meta-analysis.

Lines 117–124

Issue 18: Sensitivity analyses are insufficiently described.

* **Reason:** The manuscript states analyses were performed but provides no details.

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 # **Discussion (Lines 125–159)**

**Lines 126–142**

****Issue 19:** Discussion largely repeats previous studies.**

** **Reason:** There is limited critical interpretation or explanation of differences from earlier meta-analyses.**

**Lines 143–150**

****Issue 20:** Limitations are incomplete.**

** **Reason:** Important limitations such as publication bias, language bias, and residual confounding are not discussed.**

**Lines 151–156**

****Issue 21:** Clinical implications are overstated.**

** **Reason:** Recommendations should acknowledge that evidence is based mainly on observational studies.**

 # **Conclusion (Lines 160–165)**

**Lines 160–165**

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****Issue 22:** Conclusions are too definitive.**

*** **Reason:** Moderate-certainty evidence does not justify strong recommendations without acknowledging study limitations.**

 # **References (Lines 171–252)**

**Lines 171–252**

****Issue 23:** Reference quality requires verification.**

*** **Reason:** Some citations appear incomplete or may not correspond exactly to published articles. All references should be checked for accuracy, DOI, journal details, and formatting consistency.**

 # **Overall Major Issues**

1. Limited novelty compared with previously published systematic reviews.
2. Missing complete PRISMA reporting.
3. No PROSPERO registration.

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4. Missing figures (PRISMA flowchart, Forest plot, Funnel plot, Risk-of-bias figure).

5. Missing publication bias analysis.

6. Missing subgroup analyses.

7. Incomplete methodological reporting.

8. Discussion lacks critical analysis.

9. Conclusions are stronger than supported by the evidence.

10. References require verification and standardization.

**Recommendation**

****Decision: Major Revision****

****Reason:** The manuscript addresses an important clinical topic and employs an appropriate systematic review/meta-analysis design. However, deficiencies in reporting methodology, incomplete presentation of results, lack of publication bias assessment, missing figures and tables, limited demonstration of novelty, and overinterpretation of the findings prevent acceptance in its current form. Addressing these issues would substantially improve the manuscript's scientific rigor and transparency.**