Dear Editor and reviewers

We are thankful for your time to review the manuscript and providing suggestions to make the manuscript more useful for readers.

Please find enclosed the edited manuscript in Word format (file name: BBPS edited 10 21 14).

Title: Importance of reporting segmental bowel preparation scores during colonoscopy in clinical practice

Author: Deepanshu Jain, MD, Mojdeh Momeni, MD, Mahesh Krishnaiah, MD, Sury Anand, MD, Shashideep Singhal, MD

Name of Journal: *World Journal of Gastroenterology*

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We have made editions as recommended and following is a summary of changes which have been incorporated in the revised manuscript.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(Reviewer: 1)

This article focused on an interesting issue: the standardization of preparation colonoscopy evaluation. The results are intuitive, the paper is well-written and easy to understand. The number of patients studied is good. Minor revision: - It is needed a better explanation of bowel segment in results section: R1, R2, R3 (R stands for?), T1-T2-T3 (T stands for?), L1-L2-L3 (L stands for?).

Detailed explanation of bowel segments provided in result section

(Reviewer: 2)

This article focused on an interesting issue: the standardization of preparation colonoscopy evaluation. The BBPS score was developed by Boston Medical Centre (BMC) section of gastroenterology to provide a standardized instrument for rating the quality of bowel preparation during colonoscopy which can be used for clinical practice, quality assurance and outcome research in colonoscopy. This study was designed to evaluate the impact of reporting bowel preparation using Boston Bowel Preparation Scale in clinical practice. Conclusions: Segmental AADRs correlate with segmental BBPS. It is thus valuable to report segmental BBPS in colonoscopy reports in clinical practice. This will help in determining appropriate interventions to improve bowel prep, careful examination during repeat colonoscopy and determine appropriate surveillance interval. The manuscript is well written and clear. But the format of the paper should be adjusted (e.g. reference style). But not a multicenter study .

Format of paper adjusted

(Reviewer: 3)

Review of the article Importance of reporting segmental bowel preparation…….

Patients and Method Endoscopy as colonoscopy diagnostic accuracy is also operator-dependent did the study include skilled endoscopists?

All colonoscopies were performed by either board certified gastroenterology physicians or gastroenterology fellows under direct supervision of the board certified gastroenterology physicians.

Namely, how many colonoscopies had to be performed by an endoscopist during the professional activity prior to the study to be considered adequately skilled in the procedure?

We have used the term board certified gastroenterology physician to provide information on that aspect. It will be cumbersome to delineate American board certification criteria in this paper.

Which kind of endoscopes have been used in the study (high definition or not)?

HD scopes

Extraction time: it is well known that extraction time may influence adenoma detection rate. Was the extraction time recorded? Was a minimum extraction time defined prior to the study and respected by endoscopists? If calculated, data regarding extraction time (mean ± SD or median) should be added in Results.

As per national guidelines all procedures had a minimal withdrawal time of 6 minutes.

Authors should furnish further information regarding overall adenoma (advanced and non advanced) detection rate……

Value of P should be added at the end of the paragraph…….

The study has focused on determining advanced adenoma rates and correlating them with the segmental bowel prep. Advanced adenoma rates are the best surrogates for any outcome study involving colonoscopy. In our opinion determining other rates will add confusion to the results and make them complex to understand for readers. P value has been added.

(Reviewer: 4)

They concluded that the segmental AADR's correlate with segmental BBPS, and it is valuable to report segmental BBPS in colonscopy reports in clinical practice. In this context, this topic is important and of interest. Yet, as currently written the manuscript has in my opinion some flaws that need revise. 1. Totally, 360 subjects had been enrolled in this study. Authors should provide a table to describe the characteristics of these subjects. 2. In "Background" section: The ref. 1 is not appropriate. The latest statistic report should be cited. 3. The definition of "advanced adenoma" should be clearly defined. 4. Fig. 1 and 2: The difference between different groups is statistically significant? 5. Fig. 1 and 2: The figure legends should be stated more specific and detailed.

We have attempted to avoid duplication as suggested by other reviewers. The relevant patient characteristics are mentioned in the results section.

Statistics and reference section updated.

Figure legends edited to provide details.

(Reviewer: 5)

The authors presented a large series of colonoscopies evaluated according to segmental bowel preparation scores. The work is acceptable, but it needs some minor revisions. 1) pag. 4: "Average risk" should be better defined; 2) The paragraph "End point" in the Methods section is redundant 3) Figures summarize several aspects of the manuscript...can it be shortened?

Average risk definition details added.

Methods edited

Figures edited

(Reviewer: 6)

The topic and aims of the paper is interesting and relevant.

We have made changes as suggested by other reviewers to address the limitations of this manuscript.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Shashideep Singhal, MD
Division of Gastroenterology, Hepatology and Nutrition,
6431 Fannin Street, MSB 4.234
University of Texas Health Science Centre at Houston,
Houston, Texas, United States 77030