

Dear Dr. Fang-Fang Ji,
Science Editor, Editorial Office
World Journal of Gastrointestinal Pharmacology and Therapeutics

We thank you, the reviewers and the Editorial Team of World Journal of Gastrointestinal Pharmacology and Therapeutics for your astute and helpful critique. We think the paper has improved and we appreciate your input.

Our responses to the editorial and reviewers' comments follow:

Editorial comments and suggestions:

#1 Core tip: Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.

Our response: We have included it.

#2 Audio Core Tip: Please offer the audio core tip, the requirement are as follows: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

Our response: We have included it.

#3: Ref 1 missed; Please put the reference numbers in square brackets in **superscript** before the end. Please check across the text.

Our response: We have complied. Thank you for pointing out this omission.

#4: Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at

<http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and

<http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation.

Such as: 1 **Nayak S**, Rath S, Kar BR. Mucous membrane graft for cicatricial ectropion in lamellar ichthyosis: an approach revisited. *Ophthalm Plast Reconstr Surg* 2011; e155-e156 [PMID: 21346670 DOI: 10.1097/IOP.0b013e3182082f4e]

Our response: We have complied. Also, we noted additional suggestions in instructions to authors that about 30 references for original articles. We acknowledge that while we would like to comply with this 30-reference recommendation, we did not want to cite irrelevant publications. Our study is in an area that has not been extensively studied. Hence there are few studies that are actually relevant. So, while acknowledging the suggestion of reviewer #1 regarding citing too many references for effect of screening, we decided to keep our current references, otherwise, we would actually have fewer references than the journal suggested. So, our decision to leave our references the way they are was in an attempt to balance both suggestions – from the reviewer and from the editorial instruction. Sorry.

#5: Please include comments section:

Our response: We have included it as suggested and outlined.

Reviewer #1:

Comment 1:

General Comments

This is a well done, moderately sized study of 777 patients attempting to assess the palatability preferences of PEG based bowel preparations and whether patient beverage intake preference can predict their preferred bowel preparation. It is an important study in the current status of delivering quality health care of which bowel preparation plays an essential role in screening colonoscopy quality. It is novel in that it attempts to address whether patient preferences and demographic factors can predict preferred bowel prep; with a null result, though still of interest and importance. It is well thought out with a specific goal and a well-written and organized manuscript. Ethics related aspects of the manuscript are addressed.

Our response: We thank the reviewer for the comment

Comment 2:

Specific Comments

MAJOR COMMENTS:

Certainly, null results are worth reporting and the result obtained may simply be because there simply was no association, which was opposite of what was predicted; however, it is worth considering in the discussion perhaps why the authors think they ended up with the results they did in regards to their primary outcome. There are

certainly other limitations of the study not mentioned in the discussion (i.e. 85% of the patients were black, missing data as noted in Table 1, single center). Are these limitations the reason for the result? Is the study powered to detect a result? Is preference of beverage intake too unpredictable? Some sort of discussion addressing why the authors think they got the results they did, aside from simply that there was no association, is worth mentioning.

Our response: We thank the reviewer for the suggestion. We have now expanded the discussion. The first paragraph of the discussion section now includes...

"This suggests that these characteristics are not clinically useful to guide the selection of laxatives for colonoscopy. It is unclear why beverage intake patterns of our participants did not predict their preferences for bowel laxatives examined in this study. However, we speculate that beverage intake patterns are probably more unique to the individuals and can be varied in composition more readily than the limited taste range of the bowel laxatives. It will be important to develop better tasting and more acceptable bowel preparation laxatives and make them available and affordable to all patients."

We also expanded the limitation of our study (discussion section, paragraph 4) as pointed out by the reviewer. The section now reads...

"However, a limitation of our study is that we drew our inference from preferences that were based on tasting a small volume of laxatives by participants. However, if a small volume of a solution tastes really bad, it is highly unlikely that a large volume of it will be tolerable. Nonetheless, we acknowledge that it is conceivable that the sheer volume of solution to actually consume for colonoscopy preparation may further influence the overall experience of patients. Although our study was open to the general public, it was conducted at a single institution. Furthermore, the majority of our participants were black and the experience of other race-ethnicities may be different since beverage intake patterns and preferences may vary based on social characteristics."

Comment 3:

The conclusions of the study are that beverage intake pattern was not useful in guiding laxative preference; however, there have been very limited studies noting bowel preparation taste preferences, as noted by the authors in the discussion, and so including/focusing on the preferred bowel preparation results from this study is likely a worthwhile conclusion to report and focus on as the overall importance is to improve a quality colonoscopy exam which can potentially occur with a more palatable bowel prep.

Our response: We thank the reviewer for the comment

Comment 4:**MINOR COMMENTS:**

It is often preferred for the title to reflect the major findings of the study, especially in this case where it is misleading as the title is “The association...” which is conveyed later in the abstract and body of the manuscript that there is in fact no relationship/association.

Our response: We have now changed the title based on this comment and also to make it comply with the 12-word limit requirement of the journal while trying to keep the title interesting enough to attract readers. The title is now 11 words and reads:

“Beverage intake preference and bowel preparation laxative taste preference for colonoscopy”

Comment 5:

I recommend being as specific as possible in regards to the title, background of the abstract, and throughout the manuscript in regards to specific type of bowel preparation being examined. It’s written, “We examined whether non-alcoholic beverage intake preference can guide bowel laxative preparation selection for patients.” It is broad to state that the study looked to examine bowel laxative preparations in general as there are many different types and only PEG based preparations were used. I would thus be more specific and use *PEG-based* bowel preparations. This is especially important as sodium phosphate based preparations, which while are likely not prescribed or used as often as PEG-based bowel preps, were not included (Belsey et al. Aliment Pharmacol Ther. 2007 Feb 15;25(4):373-84).

Our response: We have amended the manuscript as suggested. Thank you.

Comment 6:

The methods of the abstract and body should be more specific in regards to the primary outcome assessed. It is currently written that the “...outcomes are the number of 1st place ranking for each preparation.” It would be more specific to say that this was the *primary* outcome assessed.

Our response: We have amended the statement as recommended

Comment 7:

The first reference cited in the first sentence of the introduction is 2-4. There does not appear to be a reference 1 cited, which should appear first in the manuscript. It is also unnecessary to list 8 references in regards to colorectal cancer screening which is done in the first sentence of the manuscript introduction. There also need to be references added to some of the statements in the introduction. For example, “However, a substantial percentage of patients do not readily tolerate their bowel laxatives for

colonoscopy” and “Inadequate bowel preparation wastes limited endoscopic resources in addition to patients’ and providers’ time and reduces the enthusiasm for repeat screening among patients.”

Our response: We thank the reviewer for pointing out this mistake. We have also adjusted our reference citation based on journal requirement and included another reference regarding inadequate bowel preparations.

Comment 8:

Moviprep should have the city and state listed at its first mention in the manuscript. As should Colyte mentioned in the discussion.

Our response: We have complied as recommended. Of note, Moviprep ® (Raleigh, NC) and Colyte is a regular brand of PEG.

Comment 9:

Also, be consistent with how the preps are named in the paper with Moviprep named in the 1st paragraph of the results section and named as PEG with ascorbate in the 2nd paragraph. Would recommend being consistent.

Our response: We agree with the reviewer. We were trying to avoid using brand names as much as possible. We have now kept “PEG with ascorbate” as the main description while letting readers know that this is Moviprep ® brand. Thank you for the suggestion.

Reviewer #2:

Better tolerable bowel preparation would increase the rates of screening colonoscopy and therefore benefit the public. Congratulations for your contribution!

Our response: We thank the reviewer for the comment.