June 15, 2016

Editorial Board

World Journal of Gastroenterology

RE: manuscript **“Does Deep Sedation with Propofol Affect Adenoma Detection Rates in Average Risk Screening Colonoscopy Exams?”**

ID 00031833

Dear Editors:

We have noted an increased trend in gastroenterology practices toward using propofol for deep sedation during endoscopy including screening colonoscopies, rather than the traditional moderate sedation with an opioid/benzodiazepine combination. This is true of our own practice at the University of Texas MD Anderson Cancer Center as well.

Deeper sedation with propofol could potentially facilitate a more complete and quality exam with a still patient. Our aim was to see how using deep sedation with propofol would affect screening colonoscopy quality metrics, specifically adenoma detection rates and cecal intubation rates. In this retrospective study, of average risk patients undergoing their index colonoscopy exam, we did not detect a statistically significant difference in adenoma detection rates (though our group rate was greater than 40%) or in cecal intubation rates (greater than 99%) between the deep sedation and moderate sedation groups.

Studies have demonstrated that the use of propofol and anesthesia services can improve procedural efficiency and thus its added cost may be somewhat offset by this. However we feel that it is as important to evaluate the effect of propofol use for endoscopic sedation on patient outcomes as well.

Please accept our manuscript titled “Does Deep Sedation with Propofol Affect Adenoma Detection Rates in Average Risk Screening Colonoscopy Exams?” for your kind consideration.

Respectfully submitted,

Selvi Thirumurthi MD

Associate Professor

Department of Gastroenterology, Hepatology & Nutrition

University of Texas MD Anderson Cancer Center

Houston, Texas

sthirumurthi@mdanderson.org