October 15 2016

RE: World Journal of Gastrointestinal Endoscopy

ESPS manuscript No. 27785

Dear Editors

We thank you for your kind consideration of our manuscript titled "Does Deep Sedation with Propofol Affect Adenoma Detection Rates in Average Risk Screening Colonoscopy Exams?" We appreciate the reviewers' thoughtful and constructive comments and have made all the necessary edits to our manuscript. Per request, each of these edits is highlighted in the uploaded manuscript and outlined below.

Reviewer 1

- Why were endoscopists who did less than 20 procedures excluded
    - Physician scheduling for propofol and moderate sedation varies in our endoscopy unit. We used this cutoff to minimize bias between the sedation groups
- Were patients with prior colonoscopy excluded
    - Our study was for first time screening colonoscopy to get an accurate ADR and a relatively homogenous patient population
- Did patients have a procedure outside of the study institution
    - Patients were specifically asked about prior exams during their Cancer Prevention clinic visit and if prior exam had been done, these patients were excluded
- Useful to do a stratified analysis of right versus left sided lesions
    - We agree that this would be informative but our database unfortunately does not allow us to distinguish location of polyp removed and based on subjective assessment by each individual endoscopist
- Useful to do other provider level analysis (young versus experienced etc.)
    - We agree that this would also be more informative but was not possible given unequal sub-group distribution of physicians in our practice
- Does our study population reflect average risk screening patients in the U.S. (female > male, high ADR etc.)
    - Female patients undergo screening procedures more often than males
    - Our ADR is high but comparable to what has been reported in the literature by other high performers
- Discussion section is too long

    - This was cut down from 6 pages to 3.5
- Is there a biological reason why deep sedation with propofol is different than with different drugs
    - Sedation with propofol is more reliable in achieving deep sedation, faster response and recovery times, higher patient and provider satisfaction etc.
- Discussion page 14 last sentence
    - Was removed
- More robust limitations
    - This was done

Reviewer 2

- Bowel prep was not described
    - Bowel prep default in our endoscopy reporting software is "good/adequate" and requires physician effort to modify which is not consistently done. We used CIR as a surrogate marker for bowel prep adequacy
- Deep sedation with propofol versus different drugs (similar concern to reviewer 1)
- More strong limitations section (done as above)
- Is this study design appropriate to answer the question
    - This was a retrospective study, prospective studies are certainly superior but was not done in this case

Thank you again for your consideration.

Respectfully submitted,

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