

## **Response to comments**

### 1. Reviewer 1

The manuscript is interesting and well written. I would only suggest a minor language polishing. Results are clearly presented and statistical analysis was well conducted. I would include more updated references in the discussion (e.g. Godos J et al, 2017; Biondi A et al 2013 BMC surg; Grosso G BMC surg 2012, Biondi et al 2016 wjgo)

- Thank you kindly for your comments.
- The papers you mentioned were felt to be less relevant to our discussion and hence were not included in our discussion.
  - **Godos J**, Biondi A, Galvano F, Basile F, Sciacca S, Giovannucci E, Grosso Giuseppe. Markers of systemic inflammation and colorectal adenoma risk: Meta-analysis of observational studies. *World J Gastroenterol* 2017; 23 (10) [PMID 28348498 DOI 10.3748/wjg.v23.i10.1909]
  - **Biondi A**, Vacante M, Ambrosino I, Cristaldi E, Pietrapertosa G, Basil F. Role of surgery for colorectal cancer in the elderly. *World J Gastro Surg* 2016; 8 (9) [PMID 27721923 DOI 10.4240/wjgs.v8.i9.606]
  - **Biondi A**, Grosso G, Mistretta A, Marventano S, Toscano C, Drago F, Gangi S, Basile F. Laparoscopic vs. open approach for colorectal cancer: evolution over time of minimal invasive surgery. *BMC Surg* 2013;13 (2) [PMID 24267544 DOI 10.1186/1471-2482-13-S2-S12]
  - **Grosso G**, Biondi A, Marventano S, Mistretta A, Calabrese G, Basile F. Major postoperative complications and survival for colon cancer elderly patients. *BMC Surg* 2012; 12 (1) [PMID: 23173563 DOI: 10.1186/1471-2482-12-S1-S20]
- We updated the references in our discussion with papers we felt were relevant to our discussion.
  - **Klare P**, Phlipsen H, Haller B, Einwächter H, Weber A, Abdelhafez M, Bajbouj M, Brown H, Schmid RM, Delius von S. Longer observation time increases adenoma detection in the proximal colon - a prospective study. *Endosc Int Open* 2017; 5: E1289-98 [PMID: 29218322 DOI: 10.1055/s-0043-121072]

- **Ai X**, Qiao W, Han Z, Tan W, Bai Y, Liu S, Zhi F. Results of a second examination of the right side of the colon in screening and surveillance colonoscopy: a systematic review and meta-analysis. *Eur J Gastroenterol Hepatol* 2018; 30: 181–6 [PMID: 29232250 DOI: 10.1097]
- **Facciorusso A**, Del Prete V, Buccino V, Valle ND, Nacchiero MC, Muscatiello N. Full-spectrum versus standard colonoscopy for improving polyp detection rate: A systematic review and meta-analysis. *Journal of Gastroenterology and Hepatology* 2018; **33**: 340–6 [PMID: 28675478 DOI: 10.1111/jgh.13859]
- **De Palma GD**, Giglio MC, Bruzzese D, Gennarelli N, Maione F, Siciliano S, Manzo B, Cassese G, Luglio G. Cap cuff-assisted colonoscopy versus standard colonoscopy for adenoma detection: a randomized back-to-back study. *Gastrointestinal Endoscopy* 2018; 87: 232–40 [PMID: 28082115 DOI: 10.1016/j.gie.2016.12.027]
- **González-Fernández C**, García-Rangel D, Aguilar-Olivos NE, Barreto-Zúñiga R, Romano-Munive AF, Grajales-Figueroa G, Zamora-Nava LE, Téllez-Avila FI. Higher adenoma detection rate with the endocuff: a randomized trial. *Endoscopy* 2017; 49: 1061–8 [PMID: 28898920 DOI: 10.1055/s-0043-117879]
- **Bai Y, Fang J**, Zhao S-B, Wang D, Li Y-Q, Shi R-H, Sun Z-Q, Sun M-J, Ji F, Si J-M, Li Z-S. Impact of preprocedure simethicone on adenoma detection rate during colonoscopy: a multicenter, endoscopist-blinded randomized controlled trial. *Endoscopy* 2018; 50: 128–36 [PMID: 28985630 DOI: 10.1055/s-0043-119213]
- **Zhang S**, Zheng D, Wang J, Wu J, Lei P, Luo Q, Wang L, Zhang B, Wang H, Cui Y, Chen M. Simethicone improves bowel cleansing with low-volume polyethylene glycol: a multicenter randomized trial. *Endoscopy* 2017 [PMID: 29132175 DOI: 10.1055/s-0043-121337]

Very well written paper. I have no comments..

- Thank you kindly for your comments

### 3. Reviewer 3

By excluding the difficult cases, you standardized the study cohort and optimized the results. Can we have a general idea on such conflicting topic by evaluating one year practice of 16 gastroenterologists and 8 colorectal surgeons? The conclusion looks too strong for a study originated from single institution all of the discussion ought to be revised by considering the drawbacks of the paper

- Thank you kindly for your comments.
- As mentioned in our study design, the exclusion criteria was based on ease of comparison of our results with guidelines published by the Gastroenterological Society of Australia (GESA), American Society for Gastrointestinal Endoscopy(AGSE) and American College of Gastroenterology (ACG) – ‘Excluding such patients was for ease of comparison of our results with guidelines published by the Gastroenterological Society of Australia (GESA), American Society for Gastrointestinal Endoscopy(AGSE) and American College of Gastroenterology (ACG) discussed in detail below. These guidelines were specific to patients  $\geq 50$  years old of ‘average-risk’, and patients with previous pathologies would not lie within this bracket. Exclusion of cases with failure of caecal intubation ensured that proficiency was strictly based on the ability to detect adenomas, and ADR was not affected by pre-existing patient-related factors impacting caecal intubation (e.g. poor bowel preparation, obstructing/stenosing lesion, significant looping, redundant colon).’
- The limitation of our single centre study was directly addressed in our discussion section – ‘Finally, our study was performed at a single centre and a sample of colonoscopies during a certain time period were used to ascertain ADRs for both specialties. Therefore, this may not be a true representation of all gastroenterologists and colorectal surgeons across Australia.’
- We acknowledge that the retrospective review of a short time period is a limitation of our paper.

- Based on statistical analysis, we concluded that increasing the sample size of our cohort would yield similar results that would have similar clinical implications. It is unlikely that there would be a clinical significant difference, as opposed to statistical significance, between both groups.
- We also calculated that the sample size required to attain statistical significance and to increase the power of our study would not be feasible for retrospective review (over 70,000 patients in each cohort).
- Therefore, the authors conclude that evaluating a longer period of practice would not make changes to the overall message conveyed in this paper.

In addition to these comments, the running title and article highlights were added.