

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38554

**Title:** PillCamColon2 After Incomplete Colonoscopy – A Prospective Multicenter Study

**Reviewer's code:** 00504462

**Reviewer's country:** Mexico

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-06-09

**Date reviewed:** 2018-06-18

**Review time:** 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dear Sir, I want to congratulate your manuscript, as well as the quality for analyzing it, however, as you mention you have the limitation of not having randomized your patients. Also, I have a question regarding the recruiting timing. Why did you stop the study in 2013? Were there any problem? Or Can you tell us why did it take almost 5



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years to send it to publish? And finally, if you did continue the research, you should have mentioned it. Hope to hear from you soon. Sincerely

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

- ☐ The same title
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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38554

**Title:** PillCamColon2 After Incomplete Colonoscopy – A Prospective Multicenter Study

**Reviewer's code:** 00188995

**Reviewer's country:** India

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-06-09

**Date reviewed:** 2018-06-19

**Review time:** 9 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This study assesses the role of capsule colonoscopy in patients with incomplete colonoscopy. It is an interesting study. Comments are as follows – 1. It is expected that areas which were not seen during colonoscopy will have lesion in some cases and will be picked up on other modality. The choice of capsule colonoscopy needs to be

justified as it is an expensive procedure. It would have been better if the patients also had CT or MR colonography to compare the yield of radiology imaging and endoscopic modality. As inability to take biopsy is limitation of both radiology imaging and CCE, the overall yield rate and cost would decide the choice between the two. This information is lacking in this study and hence the clinical implication of the findings are not clear. 2. Some of the patients had previous abdominal surgery and some had adhesions as a cause of incomplete colonoscopy. Would CCE be a preferred modality in them? 3. Complete CCE was reported in 65% patients which is another limitation of CCE. 4. Minor point – in Abstract, Result – sentence 2 – Language correction is required (should be ‘CCE visualized missed colonic...’)

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- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38554

**Title:** PillCamColon2 After Incomplete Colonoscopy – A Prospective Multicenter Study

**Reviewer's code:** 03474672

**Reviewer's country:** Brazil

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-06-09

**Date reviewed:** 2018-06-21

**Review time:** 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Well written. This manuscript bring original findings, but some doubts that need to be answered. Capsule colonoscopy has been approved by the FDA for imaging the proximal colon in patients with previous incomplete colonoscopies and more recently for patients who need colorectal imaging but who are not candidates for colonoscopy or

sedation, or has a redundant colon or unfavorable anatomy. I suggest that these main indications should be emphasized in the introduction. Capsule colonoscopy is not approved by the FDA for screening average-risk persons. Advantages of capsule colonoscopy are the achievement of endoscopic imaging without an invasive procedure and avoiding the risks of colonoscopy. Disadvantages are that the bowel preparation is more extensive than that for colonoscopy and this difficulty should be described clearly in limitations, since it was a limitation in this study. Also, because the logistics of performing same-day colonoscopy on patients with positive capsule studies are quite difficult, most patients with positive studies will require repreparation and colonoscopy on a separate day. In a large screening trial in 884 patients, capsule colonoscopy had 88% sensitivity for detecting patients with a conventional adenoma 6 mm in size but was ineffective for the detection of serrated lesions, and 9% of patients had technically failed examinations for inadequate cleansing or rapid transit of the capsule. In this study I miss the polyps founded classifications, since it clearly impact in the method success. Another concern is about the age of selected patient, since in the elderly we should pay attention in complications like capsule retention in diverticulosis disease. How many patients had diverticular disease? Another data missing are the better specifications about the capsule ( size, generation, series).

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