



## PEER-REVIEW REPORT

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

**Manuscript NO:** 56882

**Title:** Impact of cap-assisted colonoscopy during transendoscopic enteral tubing: A randomized controlled trial

**Reviewer's code:** 00186465

**Position:** Editor-in-Chief

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-05-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-23 03:09

**Reviewer performed review:** 2020-05-23 03:59

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Thank you for an opportunity to review a nice multicenter RCT entitled "Impact of cap-assisted colonoscopy during transendoscopic enteral tubing: a randomized controlled trial" submitted by Quan Wen et al. I enjoyed reading this article pretty much. However, without the statement of number of participants in the abstract, the authors concluded that the median time of the second cecal intubation was significantly shorter for the CC group than RC (2.2 min vs 2.8 min,  $P < 0.001$ ). The median time of the second cecal intubation in group of CC ( $n = 50$ ) was shorter than RC ( $n = 43$ ) in constipation patients (2.6 min vs 3.8 min,  $P = 0.004$ ). On the other word, CC reduced cecal intubation time by 0.6 min and 1.2 min in overall studied sample and constipated patients, respectively - again no definition or criteria for diagnosis of constipation (which is very crucial to the readers). Apart from these comments, I also have several concerns on this manuscript as follow: 1) First and foremost, please provide a 'solid' evidence justifying about 1-minute time saving in CC is clinically meaningful. Those mentioned in the discussion are theoretical. 2) Since this study included a wide range of patient age (from 7+ years onward), as I can see the wide SD of age as well, I wonder whether median (IQR) may be more proper way to present the data of age, height and so on. Meanwhile, what is the proportion of children in this study (i.e. aged no more than 15). 3) As noted above, height was a dependent factor of TET tube length. The analysis of factor determining length of TET may be not in the scope of this study. 4) How did you consider which patients required sedation during colonoscopy and which did not? 5) Is maximal pain during colonoscopy related to pre-endoscopic abdominal pain or indication for colonoscopy? 6) Regarding multivariate analysis, it is quite a general rule to include factor with  $P < 0.2$  in univariate analysis into the multivariate analysis. If not, please state how you consider factors into multivariate analysis.



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## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

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**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** China

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**Reviewer chosen by:** Han Zhang

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**Reviewer performed review:** 2020-08-02 06:44

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS



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The authors have revised the manuscript appropriately according to the reviewer's comments.