



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 67140

Title: Efficacy and tolerability of high and low-volume bowel preparation compared: a real-life single-blinded large-population study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03806663

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Italy

Manuscript submission date: 2021-04-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-01 17:47

Reviewer performed review: 2021-05-01 20:49

Review time: 3 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	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

this topic is interesting and it is an issue of much debate. I have comments as regards this manuscript: 1- the clinical part of this work was completed the year 2016, so why the results were delayed till 2021. 2- why the endoscopists used 2 tpes of endoscopies (standard and high definition), it will surely affect the results. 3- as regards the tables, three line tables are preferred. also add degree of freedom for every p value. 4- language needs polishing



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Title: Efficacy and tolerability of high and low-volume bowel preparation compared: a real-life single-blinded large-population study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03478404

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Romania

Author's Country/Territory: Italy

Manuscript submission date: 2021-04-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-01 07:47

Reviewer performed review: 2021-05-05 14:07

Review time: 4 Days and 6 Hours

Scientific quality	<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
Language quality	<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
Conclusion	<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
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Peer-reviewer statements	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

The authors of this large prospective single-center study support the use of the 4 L PEG for bowel preparation before colonoscopy (especially due to a significantly higher rate detection of polyp and adenoma). This is a controversial issue nowadays, since many recent articles show similar efficacy and tolerability of high-versus low-volumes. Generally, in the whole manuscript, the authors paid attention to details and data are easily to be followed. Major issue: The authors presented four limitations of their study (which I agree with), but the main one - the use of two types of colonoscopes -lacks (both standard and high-definition colonoscopes). Other comments: • Please insert ORCID Numbers of the Authors • Key words: Please correct “Glycole” to “Glycol” • ABSTRACT: 1. Lesion detection rates are not presented among the aims, but mentioned in background and in methods (maybe you could use the same wording as in the aim: efficacy - both in terms of bowel cleansing and clinically relevant colonoscopy outcomes). 2. Please mention the period the study was carried out. 3. Please also mention that cancer detection and sessile/serrated lesion detection rates were compared (in Methods). 4. Results should mention that there were no differences in cancer detection and sessile/serrated lesion detection rates, between the two methods of bowel preparation. 5. Please correct: “≥75% dose intake was more frequent with LV (92.1% vs 94.6%, p=0.003)”, by switching the percentages (LV - 94.6% vs HV - 92.1%), otherwise it is wrong. • Please insert Core Tip in the whole manuscript. • BACKGROUND: Please insert references for “direct comparison of clinical outcomes such as ADR is available only in a minority of trials”, as well as for “real-life data is both scarce and conflicting”. • METHODS: 1. Study design and subjects: Please mention what follow-up did you perform - since the



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study was carried out between 2014 and 2016 and sent to be published only in 2021. 2. Please explain why you decided to describe only polyp, adenoma, advanced adenoma, cancer, sessile/serrated lesions, and no other lesions (especially given that some patients were diagnosed with IBD). 3. Colonoscopy: I suggest an in-depth analysis be performed regarding the ADR, PDR, AADR, SDR and cancer rate detection, given the fact that both standard and high-definition colonoscopes were used. This could introduce an important bias. Please provide a table, separate for the two types of endoscopes used and aims of the study. Please also discuss and, if relevant, include as a limitation of your study. 4. Please provide what type of polyps were detected, as you mention PDR separately, ADR, AADR, SDR and cancer. 5. Aims of the study: This should be inserted by the end of Background, not in METHODS. Please insert the aims, by deleting the last sentence of the Background (Therefore, we have performed a real-life study...), as it shows almost the same aspects. • RESULTS: Table 1 – significant difference for indications – please discuss more in detail. • DISCUSSION: 1. Please revise the following “This comparison is short of the newer LV preparations...”, as it does not make any sense. 2. When the low-volume of 1L PEG plus ascorbate was discussed, the authors did not mention a recent study published in the WJG: “Maida M, et al. Effectiveness of very low-volume preparation for colonoscopy: A prospective, multicenter observational study. World J Gastroenterol 2020; 26(16): 1950-1961”. The authors assessed the effectiveness and tolerability of the 1 L preparation compared to 4 L and 2 L- PEG solutions in a real-life setting (therefore, since 1L PEG plus ascorbate was also compared with 4 L PEG, please correct your sentence - “the latter has been compared only with other low-volume preparations”, as it is wrong). • References: nothing from 2020 and 2021. Please insert recent studies (besides the one I mentioned). • Format of the style requested by the journal, including references is not adequate. Please correct. • Minor revision of the English language is required (grammar, syntax and overall style). • There



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