

ANSWERING REVIEWERS

December 14, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 7424-review.doc).

Title: Sedated vs. Unsedated Colonoscopy: a prospective study

Original article

Author: Abdulrahman M Aljebreen, Majid A Almadi, Felix W Leung

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7424

The manuscript has been improved according to the suggestions of reviewers:

- 1- Format has been updated according to the WJG guidelines
- 2- all editors suggestions were accepted
- 3- Revision has been made according to the suggestions of the reviewer

Reviewer 1

A. A methodologically flawed paper I'm afraid. This needed to be done as a sham controller RCT giving saline versus conventional sedation. Instead the authors simply asked patients whehter they wanted sedation or not making the results uninterpretable as the amount of bias introduced is enormous - those willing to consider not having sedation are a completely different cohort of patient in many ways.

Answer A:

We agree with the reviewer and we indeed has raised this point in our discussion but as is our practice, all patients who were to undergo colonoscopy in our endoscopy unit were offered sedation with standard intravenous sedatives; we felt it will be unethical to do unsedated colonoscopy for some patients against their wishes

In addition, as we mentioned in our conclusion, unsedated colonoscopy is feasible and economically viable in patients who are willing to undergo this procedure without sedation and should be offered to all patients.

B. Furthermore no attempt was made to control the subjects in the two groups for age, sex, comorbidity, indication for test etc etc etc.

Answer B:

Since we have offered the patients to choose sedated or unsedated colonoscopy, it will be impossible to control for age of sex or comorbidity, however, to overcome this problem, we have used multivariate analysis of all potential predictors of the willingness to repeat the colonoscopy in future

C. Also no details are given to the reader as to whether one or several endoscopists were used in the study - assuming it is the latter; the results are even more difficult to interpret.

Answer C:

This sentence taken from the methodology sections, page 5, line 10

“All endoscopists, including supervised gastroenterology fellows, were invited to participate in the performance of sedated or unsedated colonoscopy examinations.”

Although we partially agree with the reviewer, we believe that involving multiple endoscopest and

gastroenterology trainees increase its generalizability

D. No power calculation was done so I am not clear why they chose to recruit 403 patients?

Answer D:

We thank the reviewer for this valuable comment; unfortunately it was not included in the manuscript, sample size calculation has been added under the statistical analysis, page 6

Reviewer 2

Dear Editor, Authors Thank you for sending the manuscript "Sedated vs. Unsedated Colonoscopy: a prospective study" for revision. Please accept the following comments:

A- Same work repeatedly done in other search papers, no novelty otherwise it can reflect local experience.

Answer A:

Although there are a lot of published studies in this field, we feel our study is unique in term of involving gastroenterology trainees in performing endoscopy and measuring the total saved time using unsedated colonoscopy

B- Well organized methodology.

C- well written

- Answer B & C:

- We are happy to hear these nice comments from the reviewer about this paper

Reviewer 3

Well written and interesting. Comments

A. The report describes what seems to be poor endoscopy technique. 85% cecal intubation is very low. It should be 95 to 99%. The polypectomy rate is incredibly low (2%). It suggests that perhaps one could even get better pain scores and higher patient satisfaction from more proficient endoscopists. This should be discussed.

Answer A:

We thanks the reviewer for this comment

The low of the cecal intubation in this cohort came mainly from

1- High prevalence of poor preparation

2- This is not a screening colonoscopy population where cecal intubation usually much higher

3- Involving gastroenterology trainees might lower the cecal intubation rate

Despite this lower rate of cecal intubation, as pointed out by the reviewer, we still had a better pain score and satisfaction score

B. The cohort of patients is also unusual. The indication for examination is not listed. The average age at colonoscopy seems low (45 yrs). The authors should provide indications for procedure in a table.

Answer B:

Indication of the examination was not listed because we thought we had enough tables in the manuscript

The lower average age of colonoscopy was secondary mainly to recruiting all potential colonoscopy including IBD and IBS patients

C. Finally, the 5- year recommended interval for repeat colonoscopy (page 9) does not appear to follow standard society guidelines based on the very low polypectomy rate unless this was a cohort with strong family history of cancer.

Answer:

This is a quote from another paper, the sentence was not clear and we apologize for misleading the reviewer. We have corrected the sentence to avoid misleading the readers (page 11).

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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