PEER-REVIEW REPORT

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Mention the evolution of intravenous anesthesia, models available today of of target-controlled infusion (TCI) and their benefits compared to other techniques that did not use pharmacokinetic models to help titrate the desired target. It was not discussed which pharmacokinetic model was used (pharmacokinetic variables and their discussion and correlation in clinical applicability). The time and volume that the butorphanol bolus will be administered were not mentioned explicitly and clearly. Presentation and classification of butorphanol is not described. Limitations of using other opioids (mainly mu total agonists) when butorphanol is used are not described and developed in the text. Comparison of opioid types on page 6 could be further elaborated with the PK/PD correlation between the opioids cited (what is the intention of the comparison? one with sedative intent and the other with analgesic intent? Develop and make clear the reason for the comparison and have a clear conclusion about the correlation page 9 - awakening concentration of propofol - change to target plasma concentration of propofol (the plasma concentration of propofol was not measured) Be clear which test was used to check the distribution of the data (parametric or non-parametric). Example: Was the

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shapiro wilk test done? Figure 1 and 2 show with some kind of marker the groups that statistical difference occurred Develop in discussion the results presented in figures and tables. Develop into discussion the results presented in figures and tables. Correlate with other similar articles and discuss particularities, differences, etc. The title includes "Efficacy and safety of propofol", however, in the discussion it is not developed, and characterized and/or correlated with the words efficacy and safety. Poor discussion of the pharmacokinetic concepts of propofol (three-compartment, cosntants used in the pharmacokinetic model used in the technique), develop synergism and pharmacokinetic interactions that occur in the use of opioids.

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SPECIFIC COMMENTS TO AUTHORS

1. This is pretty good research, it introduce an important development in GIT practice by using butorphanol as adjunct to Propofol in sedating patients during colonoscopy. However, what informed the choice of butorphanol and leave the readily available opioids ?   2. The use of high dose butorphanol was proven to reduce the total dose of propofol used in colonoscopic sedation and hence reduce the possible adverse events. However, was there a follow up to ascertain presence of possible side effects regarding the high dose butorphanol?   3. Though butorphanol was found to reduce dosage of propofol used during colonoscopy, it was not able to assess the possible compounders as pre-procedural psychological state as well as depth of sedation achieved during the procedure.