

POINT-BY-POINT RESPONSE

Name of Journal: *World Journal of Gastroenterology*

Manuscript Title: The emerging space for non-polyethylene-glycol bowel preparations in inflammatory bowel diseases-related colonoscopy: veering toward better adherence and palatability!

Invited Manuscript ID: 88859

[REVIEWER 1]

Comment 1: The purpose of this paper is the emergence of non-polyethylene glycol-based bowel preparation methods for patients with inflammatory bowel disease undergoing colonoscopy. non-polyethylene glycol-based bowel preparation methods are associated with better palatability and adherence, potentially improving patient compliance and satisfaction. It is a very meaningful editorial paper.

Reply: We truly thank the Reviewer for the words in favor of our work and for the appreciation shown to us. We also thank the Reviewer for the attention and care with which he revised our manuscript.

Comment 2: The emergence of non-polyethylene glycol-based bowel preparation methods offers numerous advantages; however, this paper lacks specific details regarding these methods. Mere examples fail to provide sufficient information.

Reply: We thank the reviewer for the comment. We actually agree that the operation of non-PEG solutions was implied and had not been well explained. Therefore, we have added a paragraph (highlighted in yellow) explaining the general functioning of both types of preparations and why non-PEGs are potentially more tolerable and palatable by patients. We thank the reviewer again for this advice, which we are sure has certainly improved the scientific quality of our manuscript.

Comment 3: I am unable to comprehend the meaning of the abstract, as it appears incongruous with the intended objective of the article. Such as the sentence "Most available evidence has testified for a better profile of these (generally polyethylene glycol, PEG, based) than non-PEG low-volume (e.g., magnesium citrate plus picosulphate, oral sulphate solutions)."

Reply: We thank the reviewer for the comment. We have as requested made the abstracts clearer. In fact, we have removed that sentence and rewritten the paragraph highlighting that although safety data are more abundant for newer PEG-based preparations and numerous studies are confirming a good safety profile even for low volume non-PEG preparations. We agree with the reviewer on the need to make this change and thank him/her for improving the quality of our manuscript.

Comment 4: The list of the table 1 is not comprehensive for such a sweeping statement. A number of clarifications and additions are required.

Reply: We thank the reviewer for the comment. We expanded the table dramatically by adding the information that was easy for us to find in all studies and that was relevant to the clinic:

- Type of IBD included in the studies;
- Age of sample included;
- Duration of IBD disease;
- Use of split regimen;
- Use of clear diet before colonoscopy.

The table in our view now seems drastically more informative and we hope the reviewer can agree.

Comment 5: The language in the manuscript also needs polishing. Especially in the part of "WHAT PROBLEMS PLAGUE NON-PEG PREPARATIONS, AND WHAT PIECE IS MISSING FOR THE LIBERALIZATION OF THEIR USE IN IBD?"

Reply: We thank the reviewer for the comment. The manuscript was revised syntactically and grammatically to ensure a linguistic A-level according to the dictates of World Journal of Gastroenterology guidelines.

[REVIEWER 2]

Comment 1: The prerequisite for a clear visualization of a colonoscopy in patients with colon diseases including IBD is an adequate bowel preparation for which polyethylene glycol (PEG)- based solutions have been utilized for years and many more to come. However, the demerits of PEG-based preparations are that they are not always palatable and tolerable in quite a few patients resulting in an unclear colonic mucosa due to insufficient intake of large volumes of solution. Complaints from patients are often heard in clinical settings. Nevertheless, low-volume non-PEG-based preparations are fortunately emerging. This editorial summarizes the new and recent clinical studies conducted in patients with IBD using non-PEG preparations to argue for their potential usefulness for comparable efficacy and safety to PEG-based preparations, and yet better tolerance and palatability. Although at present non-PEG-based preparations are not recommended in major international guidelines the authors call for a modification of the recommendations in future guideline updates under a conditional stratification of IBD patients upon different colonoscopy goals. Therefore, it is wise and farsighted to foresee the "emerging space" for non-PEG-based preparations "veering toward an approach for better adherence and palatability". This editorial is well-written and organized in a very logical way, just hits the target.

Reply: We truly thank the Reviewer for the words in favor of our work and for the appreciation shown to us. We also thank the Reviewer for the attention and care with which he revised our manuscript.

[EDITORIAL OFFICE REQUESTS]

Comment: The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Reply: The title has been shortened. The new title is now "The emerging space for non-polyethene-glycol bowel preparations in inflammatory bowel diseases-related colonoscopy: veering toward better adherence and palatability!".