



### PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**Manuscript NO:** 63216

**Title:** Castor oil as booster for colon capsule endoscopy preparation reduction: A prospective pilot study and patient questionnaire

**Reviewer's code:** 02861225

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-02-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-02-02 14:58

**Reviewer performed review:** 2021-02-02 23:30

**Review time:** 8 Hours

<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 Grade E: Do not publish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

With great interest I read the paper „Castor Oil as Booster for Colon Capsule Endoscopy Preparation Reduction: A Prospective Pilot Study and Patient Questionnaire“ by Takashima et al. In their study they investigated the impact of castor oil on capsule endoscopy. The work is clear, however there are some points which should be addressed by the authors: MAJOR: - Despite being an interventional and prospective study, it lacks a control arm (of patients not receiving castor oil). With an appropriate control arm, this study would win much importance and impact! Would the authors be able to add (at least a historic) control? - Figure 1: representative images of the cleansing levels would be helpful to illustrate your gradings. - Table 4: The sensitivity and specificity (and probably also diagnostic accuracy) percentages for “detection of adenoma <5mm” seem to be wrong - or at least do not fit to the numbers presented in this table. - Please also check the respective passage in the methods (In fact, the sensitivity, specificity, and diagnostic accuracy in detecting adenoma  $\leq 5$  mm were 50.0%, 100.0%, and 88.2%, respectively). MINOR: - Capsule transit time and diagnostic accuracy correlate indirectly. It might be interesting to test this in a subgroup of quick transit time vs. slow transit time in your cohort, but I acknowledge that the number of patients might be too low for significant results. However, it might be worthwhile discussing this point. - “The diagnosis of colorectal disease obtained by CCE was verified by subsequent colonoscopy in our university hospital” - I think the inherent limitation, that capsule endoscopy cannot sample tissue should be mentioned in the discussion. - Is the i.v. administration of metoclopramide 10mg after swallowing the capsule a standard in Japan or just performed at the Kindai Hospital? - Figure 2: Pie charts are prone for biased interpretation. Box plots would be the recommended way of showing this data.



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**Reviewer's code:** 02507819

**Position:** Editorial Board

**Academic degree:** FACS, FRCS (Gen Surg), MBBS, MNAMS, MS

**Professional title:** Professor

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

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

**Manuscript submission date:** 2021-02-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-02-09 15:55

**Reviewer performed review:** 2021-02-09 16:04

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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**

1. It is a well carried out study. It showed that the castor oil-based regimen can reduce bowel preparation dose and improve CCE compliance. 2. Manuscript is well written. 3. It can change the pre procedure protocols of CCE.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 02861225

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-02-02

**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2021-03-23 08:04

**Reviewer performed review:** 2021-03-23 13:36

**Review time:** 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 checked="" 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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Thank you for revising the manuscript. There are two minor points remaining: 1) The relatively poor detection rates of adenomas <5mm should be highlighted in the discussion section as a potential limitation. 2) There are some formatting issues with the greater sign. Sometimes it is illustrated as <sup>3</sup>6mm instead of >6mm