

Dear Editors and reviewers:

Thank you for your precious comments and advice. Those comments are all very valuable and helpful on revising and improving our manuscript. We have thoroughly studied them and have made revisions which we hope could meet with your approval. The main revisions in the manuscript and responses to the reviewer's comments are as follows:

1. Please provide a more detailed description of the randomisation process.

A random sequence of 312 individuals was generated using statistical software. Participants were allocated to either Group 1 or Group 2 in accordance with their order of enrollment, following the sequentially assigned random sequence numbers.

2. The randomisation process resulted in a somewhat surprising imbalance between the two treatment allocations. Please explain why in the Discussion section.

In this study, notable differences were observed between the two groups of patients in terms of the proportion of individuals with concurrent coronary heart disease and the time interval between the administration of the final bowel preparation agent and the colonoscopy procedure. These differences might be attributed to the relatively small sample size in the study. In the future, it is necessary to further expand the sample size to reduce the influence of confounding factors on the study results.

3. The “experimental” treatment allocation resulted in an almost 10% (the effect limit for the entire study group) difference for the main outcome variable among the most vulnerable patients – the right colon among those aged 75 years and above. Please problematise this finding further in the Discussion section.

In the subgroup analysis of individuals ≥ 75 years in age, Group 1 exhibited a slightly lower percentage of adequate bowel preparation in the right colon compared to Group 2, without statistical significance. This observation might be attributed to a longer time interval between the administration of the final bowel preparation agent and the colonoscopy procedure in Group 1 compared to Group 2. Furthermore, this study included a limited number of patients ≥ 75 years in age, and there was a disparity in the sample sizes between the two groups, which needs to be addressed in future studies. Therefore, further research is necessary to gain a more comprehensive understanding of the effectiveness of a low-dose bowel preparation regimen in achieving adequate preparation of the right colon in older individuals.

4. In many western countries I assume a varying proportion of the included patients would have been treated as outpatient cases. Please add some

comments regarding applicability for the “experimental” regimen.

This study exclusively included hospitalized patients. However, in other countries, a portion of patients may choose outpatient colonoscopy examinations based on local circumstances. Due to the relatively short duration of hospital stay for the participants in this study, their clinical characteristics resembled those of outpatient cases. Therefore, the results of this study may be applicable to outpatient populations.

Thank you for your kind and thorough review. We really appreciate your efforts in reviewing our manuscript, which has helped made our manuscript clearer and more comprehensive.