

Format for ANSWERING REVIEWERS

January 21, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 15265-review.doc).

Title: Polyp detection rates using magnification with narrow band imaging and white light

Authors: Nooman Gilani, Sally Stipho, James D. Panetta, Sorin Petre, Michele A. Young, Francisco C. Ramirez

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

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

- 1 Format has been updated.
- 2 Revision has been made according to the suggestions of the reviewer as below:

(1) Comment: What was the protocol for second look endoscopy? Was the second endoscopist blinded to the results of the first, present during the initial endoscopy?

Response: The second endoscopist was completely blinded to the results of first colonoscopy. This has been added in the methods section.

(2) Comment: What was the experience of the endoscopists with narrow band imaging endoscopy prior to this study?

Response: Both endoscopists had performed over 250 colonoscopies using NBI within a year prior to the initiation of this project. This information is added in the methods section per reviewer's suggestions.

(3) Comment: The authors mention later that they did not biopsy some hyperplastic polyps within the sigmoid and left colon. How does this factor in the definition of their 'polyp detection rates' - this should be clearly specified.

Response: This was the comment made on another study (reference 10). In our

study all polyps were removed during the withdrawal, even if they were seen during the insertion phase. This is already mentioned in the methods section.

(4) Comment: Within the abstract, the authors mention overall miss rates for second look as being 18 and 17%, respectively. The third category should also be included here.

Response: This miss rate is for polyps (18%) and adenomas (17%) respectively in all three groups (WL→NBI; NBI→WL; WL→WL) combined.

(5) Comment: There are a number of p-values that are missing, that would be helpful for the reader to know, even if not significant. In particular, within Table 1, the p-values for bowel preparation and total number of polyps I suspect may be approaching statistical significance. This would be helpful to know; as it may help the authors explain some of the discrepancies in their data (e.g. worse prep resulted in fewer polyps).

Response: In the last column of Table 1, only p values which are statistically significant are mentioned. The rest of the p values should be considered NS (Table 1 is self explanatory). Specifically, the p values for bowel preparation in relation to number of polyps detected were statistically NS. As per protocol, patients with inadequate bowel preparation were excluded from the study.

(6) Comment: The authors should include the average size of the polyps detected on second look, in addition to the percentage <5mm. This will help determine the clinical significance.

Response: This information is provided in “yield for detection of advanced neoplasia” under results section.

(7) Comment: Some additional comments and or controlling for polyp detection rates should be added in the discussion section. It was clear that the withdrawal time was longer for A and C. I suspect this was because more polyps were detected (and thus had to be removed). This should be controlled for, and the p-values will help the authors explain these discrepancies (See #3).

Response: Reviewer observation is correct that the withdrawal times were longer in groups A and C as more polyps were removed in these groups. Additional comments have been added to the discussion portion per reviewer’s comment. The p values for these are mentioned in Table 1.

(8) Comment: There seems to be a consistent theme throughout the paper, in that narrow band imaging did not result in as high a detection rate. There are several potential sources of bias that should be pointed out. The first is as already mentioned, poorer prep in group B may have adversely affected polyp detection rates. Second, what was the learning curve / experience of the authors. Did the

detection rate go up with additional experience in narrow band (e.g. first 50 vs. last 50)? This information will help the reader sort out potential sources of bias. Additionally, comparing the withdrawal time in the data not shown group D (NBI -> NBI -> WL) group may also help the reader understand this.

Response: As we mentioned earlier, there was no correlation between good/ or excellent preparation and finding more or less polyps (p= ns). There was no difference in polyp detection rate when individual endoscopists were compared to each other. Both endoscopists had done >250 colonoscopies each using NBI within the last one year prior to initiation of the study, and hence the effect of learning curve during the study was not a factor. The subsequent supplemental information in additional 100 patients using NBI→NBI→WL was not the part of the protocol, and was performed only to answer the specific question (polyp detection), and not all the parameters including withdrawal times are available.

(9) Comment: Overall, the discussion is too lengthy, and should be shortened to include the most important points.

Response:

The discussion has been shortened as per reviewer's recommendations.

3 References and typesetting were corrected

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

Sincerely Yours,

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