

POINT-BY-POINT RESPONSE TO REVIEWERS' COMMENTS TO AUTHOR:

Reviewer 1:

This is a review paper regarding newer bowel prep formulations prior to colonoscopy and comparing their safety and efficacy. Authors also discuss about the timing of prep prior to colonoscopy.

MAJOR POINTS:

1. Introduction - 2nd paragraph. The European Panel of Appropriateness of GI endoscopy found that relative to low quality preparation, intermediate or high quality preparation produced a 1.73 and 1.46 odds ratio of polyp detection respectively (Authors have mentioned other way- 1.46 for intermediate and 1.73 for high quality which is not correct).

Response:

We appreciate the reviewer's close reading. These were inverted and error has been corrected to read "high quality or intermediate quality preparation produced a 1.46 and 1.73 odds ratio of polyp detection" in paragraph 2, line 6.

2. Introduction - 2nd paragraph. Sherer et al found a lower detection rate of polyps <10mm with advanced histology in the setting of poor preparation (size < 10mm should be mentioned specifically as mentioning only advanced adenomas could also mean polyps > 10mm).

Response:

Thank you for the observation and the opportunity to be more specific. Clarification has been made and paragraph 2, lines 7-8 which now reads "Sherer et al found a lower detection rate of advanced histology in the setting of poor preparation, though the number of polyps 6-9mm detected was not different."

3. Timing of the prep - Authors have not mentioned anything about "morning-only" preparation compared to "split-dose" preparation. When the authors say "same day" prep, they actually mean "evening before prep". This terminology should be changed to avoid confusion of readers. Also a paragraph should be added comparing "split dose" to "morning only" prep as several studies have shown comparable results with the two regimes.

Response:

Again, thank you for the opportunity to improve the clarity of this paper. Two instances were edited to clarify evening before dosing under Timing of Prep, paragraph 1, line 7, and in paragraph 2, line 6.

4. This article would be beneficial to the readers if the authors succinctly summarized the findings of various studies comparing the various bowel prep formulations and gave their own opinion regarding the same. Their summary should include why they think a particular prep is good or not. Also, they should be precise while mentioning what further data are needed to evaluate a particular prep. No mention is made regarding the guidelines of various societies regarding bowel prep. Instead, they have just presented the data and left it up to the reader to draw their own conclusions.

Response:

Thank you for the excellent observations, we are thankful for the opportunity to provide a revised summary. The recommendations of the gastrointestinal societies and these authors were included in the Conclusion, paragraph 1, starting at line 6.

Reviewer 2:

The preparation of colonoscopy , regardless of the various formats proposed by the services , impacts on reducing adherence to colon cancer screening programs . The usage guidelines made ??by the companies as well as the development of comparative research between different preparations can assist in greater patient satisfaction as well as increase the adherence thereof. The paper is well done but it will be nice to include the guidelines of different societies.

Response:

We very much appreciate the reviewed insight and think the suggested changes will make the manuscript much stronger. The recommendations of the gastrointestinal societies were included in the Conclusion, paragraph 1, starting at line 6.

Reviewer 3:

This is a very well-written review of the agents used to prepare for colonoscopy that nicely summarizes the results of multiple clinical trials. The findings presented have practical benefit to physicians of all disciplines that perform colonoscopies. There are a few points that the authors should consider:

1.) One of the main measures of efficacy discussed in the introduction of the manuscript involved the rate of adenoma detection. In the outlining of the several agents, these data were not presented for all of them (with Aronchick-type preparation data and patient satisfaction being more generally present for each). Adenoma detection rate should be at least mentioned for each and, if not available, it would be advisable to say as much.

Response:

The reviewer makes some great points which are particularly esteemed and have been incorporated. The reported polyp and/or adenoma detection rates are now included in an additional column in table 2.

2.) The information provided in Table 2 will in all likelihood be one of the most useful aspects of the work. A suggestion is to strengthen it by adding column(s) that summarize the numeric data for rates of adequate preparation and adenoma detection (if possible). That would allow the reader to compare "apples to apples" at a glance.

Response:

We very much appreciate the reviewer's valued comments. Reported polyp and/or adenoma detection rates are now included in an additional column in table 2. The rates of adequate preparation with each type of prep had previously been included.

3.) The discussion of smart phone applications and education seemed a little out of place with the content of the rest of the manuscript. The authors may consider removing them. Overall, this is a well-written manuscript and bears merit for publication.

Response:

We appreciate the reviewer's comments and agree that this is something of a departure from the topics addressed in the body of the paper; however, the authors feel that this represents an intriguing avenue of research that addresses mechanisms for improving patient adherence in the face of what will likely never be a terribly pleasant procedure.

Reviewer 4:

Compliments for your comprehensive and clear review article on bowel preparation regimens for colonoscopy. The only suggestion I would give would be to make some conclusions regarding the alternative better regimens available. I would also find useful for clinicians to know what are the preparations endorsed by the most important scientific societies and leading clinical institutions at present. I would also add some considerations regarding bowel preparation for surgery.

Response:

We very much appreciate the reviewer's insight and think the suggested changes will make the manuscript much stronger. The recommendations of the gastrointestinal societies were included in the Conclusion, paragraph 1, starting at line 6. We added a paragraph regarding bowel preparation before surgery in the Introduction (now paragraph 3.)