

2215 Fuller Road
Room 111D
Ann Arbor, MI 48105
May 31, 2016

Dear Editors,

Thank you for reviewing our paper, "Predictors of Suboptimal Bowel Preparation in Asymptomatic Patients Undergoing Average-Risk Screening Colonoscopy" (manuscript ID number is 25722).

We respond to the reviewer's comments here:

The manuscript Predictors of Suboptimal Bowel Preparation in Asymptomatic Patients Undergoing Average-Risk Screening Colonoscopy by Shail M. Govani et al deals with clinically important question how to improve bowel cleansing before colonoscopy. The drawback of the study is the retrospective nature of the study.

Authors should explain:

1. Why 3 or more polyps were exclusion criteria

This large retrospective review was originally designed to examine how endoscopists handle follow up recommendations after colonoscopy. To simplify this analysis, we had excluded patients with 3 or more polyps or larger polyps. It is possible that patients with 3 or more polyps or larger polyps may have different characteristics in terms of prep quality but we believe these patients made up a minority of the patients excluded in our study.

2. Why Boston Bowel Preparation Scale (BBPS) or the Ottawa scale is not included in endoscopy report

Current convention is to use the Aronchick scale for prep quality in our endoscopy notes. We agree this is a limitation and we attempted to stress this in the discussion on page 14. As this was a retrospective study, we can not address this limitation.

3. This study can not compare different bowel cleansing procedures because is not designed and powered to do this. This part should be omitted from the manuscript

We agree that our original intent was not to identify the relationship between prep types and preparation quality. We did have a sentence in the discussion regarding this. However, we did identify a statistically significant finding so we do not believe we were underpowered in this regard. We had 300+ patients with each prep type. Power is related to the type 2 error rate, ie the chance of not finding a difference when one does in fact exist. We found a difference here so the type 2 error rate is not an issue. One limitation of preparation type analysis is that we did not have data on the preparation amount consumed. We have added to the limitations section of the discussion to address this limitation.

4. In the discussion some important literature on this topic is missing. Authors should include results from: J Med Econ. 2015 Dec 21:1-8. [Epub ahead of print] Cost-analysis model of colonoscopy preparation using split-dose reduced-volume oral sulfate solution (OSS) and polyethylene glycol with electrolytes solution (PEG-ELS). Bowel preparation for colonoscopy with magnesium sulphate and low-volume polyethylene glycol. Eur J Gastroenterol Hepatol. 2014 Jun;26(6):616-20

Thank you for pointing out these reference omissions. We have added them to the discussion.

Sincerely,

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