

December 4, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 463-edited).

Title: Clinical Usefulness of Single-balloon Endoscopy in Patients with Previously Incomplete Colonoscopy

Author: Kiyonori Kobayashi, Miyuki Mukae, Taishi Ogawa, Kaoru Yokoyama, Miwa Sada, Wasaburo Koizumi

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 463

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

1) Author suggestion: This is a retrospective study including only a small number of patients. The conclusion of the article is that SBE is safe and useful in cases in which a standard total colonoscopy is impossible. This is a significant conclusion which must be beared in mind by practising gastroenterologists. The general outline of the manuscript should be improved, mostly regarding English language. Of course, there have been previous randomised comparative studies on the same issue, but I think that this present study confirms and strengthens the previous results.

Response:

As you suggested, the manuscript has been revised by an experienced medical editor. We also improved the general outline of the manuscript. Please let us know if there are any specific parts of the manuscript that require further revision.

2) Author suggestion: This is an interesting technique in the diagnosis and treatment of colorectal diseases but the number of 15 patients is too small to conclude that it is a very safe procedure.

Response:

As you pointed out, colonoscopy with a single-balloon endoscopy (SBE) was performed only in 15 patients. However, 8 patients underwent colonoscopic examination 2 or more times. The total number of colonoscopy sessions was 30. We therefore believe that the safety of colonoscopy with SBE was confirmed to some extent. However, because the number of patients was small, "very safe" in the Conclusions of abstract was revised to "safe."

3) Author suggestion: Please remove the case presentation from the manuscript together with the images, this could be published seperately.

Response:

As recommended, the case presentation, including the 4 radiographic images, were removed from the manuscript.

4) Author suggestion: The manuscript entitled "Clinical usefulness of single-balloon endoscopy in patients with previously incomplete colonoscopy." By Kobayashi et al. describes the experience of SBE in the retrospective single-center analysis. They showed successful total colonoscopy was achieved by SBE in 15 patients with unsuccessful total colonoscopy by conventional colonoscopy.

1. How deep were the scopes inserted into the colon in the unsuccessful conventional colonoscopy? How long was the time to give up from further insertion of colonoscopy?

Response:

In the 15 patients, total colonoscopy was technically difficult to perform with a conventional device. The following details have been added to the MATERIALS AND METHODS section of the manuscript (page 5, lines 9-16):

The deepest part of the colon reached on previous unsuccessful colonoscopic examinations was the sigmoid colon in 7 patients, followed by the transverse colon in 3, the descending colon in 2, and the ascending colon in 2. The details were unknown for 1 patient in whom colonoscopy was performed by a previous physician. The mean time from starting scope insertion to the unsuccessful discontinuation of examination was 30.7 ± 6.4 minutes (range, 19 to 38) in 10 patients for whom the details were provided by their previous physicians; the details of examination were unavailable for 5 patients.

2.1 Was there any selection bias to select the patients to perform SBE?

Response:

Before performing colonoscopy with SBE in patients with a history of difficult in colonoscopic insertion, we provided all patients with a detailed explanation of the objectives and methods of examination, possible complications, and the possibility to select other procedures, such as barium enema. The decision to undergo colonoscopy with SBE was in accordance with the free will of each patient. Therefore, we believe that there was no selection bias in the recruitment of patients to undergo colonoscopy with SBE.

2.2 How many patients were there who could not be successfully performed total colonoscopy by conventional colonoscope?

Response:

In response to this comment, the following details have been added to the Discussion section:

Excluding follow-up examinations after colorectal surgery or other procedures, we performed 3140 sessions of colonoscopy during the year of 2011. A conventional colonoscope could not be inserted to

the cecum in 32 sessions (1.0%).

2.3 If there are, what were the reasons for not to perform SBE?

Response:

In many patients with difficulty in scope insertion, barium enema examination was performed to evaluate sites of the colon that could not be assessed on endoscopy.

3. In "Diagnosis and treatment outcomes" section on page 8, how many disease lesions were newly diagnosed by SBE?

Response:

The following description was added to the Diagnosis and Treatment Outcomes of the Results section:

Abnormal findings were found during 21 (70%) sessions of SBE. The most common abnormality was colorectal polyps (20 sessions), followed by radiation colitis (3 sessions) and diverticular disease of the colon (3 sessions). Finally, 56 colorectal polyps were newly diagnosed on colonoscopy with SBE. Colorectal polyps were resected endoscopically in 15 sessions. A total of 42 polyps were resected endoscopically, using snare polypectomy in 32 lesions, hot biopsy in 7 lesions, and endoscopic mucosal resection in 3 lesions. The 14 other polyps underwent biopsy with histopathological evaluation. The final histopathological diagnoses were intramucosal cancer in 2 lesions, tubular adenoma in 42, tubulovillous adenoma in 2, hyperplastic polyp in 8, and inflammatory polyp in 2.

4. Did you use carbon dioxide insufflation in the conventional colonoscopy and SBE?

Response:

In our hospital, carbon dioxide insufflation is not usually used for colonoscopy. In colonoscopy with SBE, carbon dioxide insufflation is occasionally used in accordance with the instructions of the endoscopist in charge. The following sentence was added to the MATERIALS AND METHODS:

During colonoscopic examination with SBE, air was insufflated 25 times, and carbon dioxide was insufflated 5 times at the discretion of the endoscopist in charge.

5. In page 3, single-balloon endoscopy (SBE) would be single-balloon endoscope as shown in page 4, line 16.

Response:

We have used the abbreviations SBE for single-balloon endoscopy and DBE for double-balloon endoscopy throughout the manuscript. We are sorry for this mistake.

5) Author suggestion: Please review ref n.2 "backup" instead of "bachup"

Response:

"bachup" of No. 2 in the References section was revised to "backup."

6) Other revisions and additions:

- The number of words in the METHODS and RESULTS sections of the structured abstract was smaller than the publication guidelines. We therefore added descriptions to the revised paper.
- In the revised paper, all revisions or additions to the original text are underlined or otherwise noted.

3 References and typesetting were corrected

Thank you for reviewing our manuscript in the *World Journal of Gastrointestinal Endoscopy*

Sincerely yours,

Kiyonori Kobayashi

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