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Erlangen, March 1st 2020

Dear Subrata,

We would like to express our sincere gratitude for all your efforts in evaluating our work “Retrograde inspection versus standard forward view for the detection of colorectal adenomas during colonoscopy: a back-to-back randomized controlled trial” and for giving us the opportunity to submit a revised version of our manuscript; thank you very much!

The reviewers made astute and helpful comments and suggestions, thank you! Attached please find our point-by-point reply addressing the comments of the reviewers. We believe that the incorporation of the comments resulted in an overall improved manuscript and thus hope, that our manuscript can now be considered for publication.

If further questions remain, please do not hesitate to contact me immediately.

With very kind regards,

Timo

The reviewers made astute and helpful comments and we would like to express our sincere gratitude to the reviewers for all their efforts in evaluating our work; thank you! Addressing the points from each reviewer led us to perform additional analyses and to elaborate presentation and discussion of our data, thereby resulted in an overall improved manuscript – thank you very much for this! Below please find a point-by-point reply addressing each comment raised during the review of our work.

Reviewer 1 (R1)

***R1:** This manuscript, No. 54503, examines the possible advantage of retrograde inspection (RFV) over that of standard forward view (SFV) in the detection of colorectal adenomas during colonoscopy. The results obtained with 205 patients revealed that majority of adenomas found during second inspection in RFV or in SFV were in the transverse and left-side colon. However, no difference between SFV and RFV was found in the increased adenoma detection rate, thus suggesting that increased detection rate of adenoma is most likely due to the second inspection itself and not the inspection mode. Therefore, it is suggested that second inspection of the colon should be considered as a feasible approach to increase ADR and effectiveness of colonoscopy procedure.*

Authors' reply: We thank the reviewer for these kind words and appreciate the fact that the reviewer has nothing to criticize in our work.

Reviewer 2 (R2)

***R2:** Well conducted study and good data presentation.*

Authors' reply: We thank the reviewer for describing our study as well conducted with good data presentation!

***R2:** There is a room for improvement, I have corrected some spelling errors. I have noted the abbreviations were misspelled especially " RFV". I have noticed and highlighted a point in the discussion section which needs further clarity regarding 7 to 10 percent increase in ADR with second attempt of colonoscopy either with SFV or RFV. Have you thought about inter observer difference in the ADR between the different endoscopists using 'kappa' statistics. Would you be able to perform this statistical test to see if any difference in both arms using kappa statistic as a measure of inter observer/ rater difference with different endoscopists. I do note that there is a scope for improvement if you do statistical modelling using ' Kappa statistic'.*

Authors' reply: Terrific idea! In the revised manuscript, we now calculated interobserver variation in the ADR using Kappa statistics for both, the first and second withdrawal in the two study arms, as suggested by the reviewer and included respective passages to the results and methods part. Further, we have included and corrected the typographic errors as identified by the reviewer and apologize for these oversights.

Reviewer 3 (R3)

***R3:** This is an interesting study that aimed to assess whether inspection of the whole colon in retroflected view compared to standard forward view can increase Adenoma Detection Rate. In general, the manuscript is well written; please check throughout the text for grammar and spelling errors. Methods section is clear and statistical analysis was well conducted. Please add the meaning of acronyms in the figures legends. Please check Table 2 as the structure of the table is not clear.*

Authors' reply: Thank you for describing our work as interesting and well written with a well conducted statistical analysis. We now carefully revised the manuscript for grammar and spelling. Further, we added the meaning of acronyms to the respective figure legends, as suggested by the reviewer. Table 2 shows the polyp detection rates (PDR) and adenoma detection rates (ADR) in the different inspection modes of two study arms. We also added abbreviations and acronyms to the legend of Table 2 to increase comprehensibility of the table, as suggested by the reviewer.

R3: *It would be interesting to add a brief discussion on the role of CRP levels and advanced colorectal adenoma risk, and if this assessment could be associated to endoscopic examination to improve diagnosis (Godis J et al, World J Gastroenterol. 2017). Finally, I would include further discussion in the conclusion paragraph on the future direction and possible application of the results.*

Authors' reply: Important point! In the revised manuscript, we now discuss the important meta-analysis by Godos and co-workers (*World J Gastroenterol* 2017; 23(10): 1909-1919) and also provide an outlook on how this, together with our results, can shape future directions, as suggested by the reviewer.