



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 59367

Title: Evaluation of an educational telephone intervention strategy to improve non-screening colonoscopy attendance: A randomized controlled trial

Reviewer's code: 05446625

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Spain

Manuscript submission date: 2020-09-15

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-09-16 11:19

Reviewer performed review: 2020-10-19 01:03

Review time: 32 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Summary The authors conducted a randomized controlled trial in a single tertiary center. They evaluated the impact of educational telephone call by a nurse on the colonoscopy appointment attendance for non-screening colonoscopies. The primary outcome was the non-attendance rate and the secondary outcomes included cost analysis, colonoscopy prep adequacy, and patient satisfaction. The authors also performed bivariate and multivariate analysis to identify the factors related to non-attendance. The study concept is important and the intervention is a practical solution. However, I have the following concerns regarding the study design and statistical analysis. Major comments The exclusion criteria do not exclude patients who had prior total or subtotal colectomy. These patients may not need bowel prep and may not need sedation. Please clarify the inclusion and exclusion criteria. The authors mentioned that they contacted all patients by phone and patients provided verbal consent and later they provided a signed consent. How did you obtain a signed consent from patients who did not show up to their colonoscopy appointment? How did you evaluate the compliance with cleansing protocols? Did you ask patients to fill a survey? Please provide more details about the questionnaire. Was this questionnaire validated in previous studies? The authors used the BBPS to report the adequacy of colonoscopy prep. Please clarify the cutoffs for adequacy based on the BBPS. Why did you choose 13.9% and 8.9% to calculate the sample size? Are they based on prior studies? Please clarify. The authors mentioned in the statistical analysis that they reported the qualitative variables were reported as frequency. What qualitative variables are you referring to? The study seems quantitative and not qualitative. How did you choose the variables included in multivariable analysis? Please clarify in the methods. How did you consent participants before randomization? Please clarify the process. The cost analysis section in the results is



unclear. The methods of calculation are not well-defined. I recommend using number of patients instead of rates because the cost of the procedure is linked to each patient regardless of the rates. I did not find the cost analysis easy to understand and it was confusing. Please clarify this section and how did you end up with the final number (€56547). The authors reported this consideration "if we consider a broader definition of bowel preparation failure, including not only inadequate bowel cleansing but also non-attendance and non-compliance with patient preparedness protocols." This definition is not an acceptable definition for inadequate prep and should not be reported. Considering patients who did not attend as inadequate prep does not seem appropriate. What does receiving allocated intervention mean in the flow chart? How is it possible that CG received an intervention? Table 5 and 6. The intervention showed no significance in the bivariable analysis, why did you include it in the multivariable analysis? I do not think it is appropriate statistically to do so. I recommend removing both tables. Table 3- why did not you include abdominal/pelvic surgery in the multivariate analysis although it was significant in the bivariate analysis? Please clarify. Also, waiting time was not significant in the bivariate but it was used in the multivariate. Please clarify the methods of multivariate analysis. Minor comments Please spell out all abbreviations before using them "Consenting participants were randomized to the CG and the IG 10 days before the colonoscopy appointment" Also these groups should be defined before using these terms. Similarly, ITT, PP. Table 1 - what does this term mean "Familiar screening"? Table 3 - the 95% CI of age crossed 1 (0.97-9.99) however P was 0.001. please clarify if these numbers are accurate. I recommend reporting P value as "<0.001" instead of 0.000 Waiting time to endoscopy, you report OR as 1.0 and P value is under 0.05. Please clarify the numbers. Abstract: results section. The authors reported the rates of non-attendance however they reported OR and 95% CI. The rates should be compared and P value should be provided. Reporting OR is not consistent



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with comparing proportions. Abstract: results section. I recommend reporting the number of patients who participated in the study and not the number of patients randomized. Because randomization occurred before obtaining consent and intervention. Methods - statistical analysis. Please correct this "Student's-test" to "Student's t-test" Please clarify the method to select variables for the multivariate logistic regression. What method did you use and why? The authors reported that there are 747 patients in the CG, however in Figure1 and Table 1 they reported 746. Please clarify the numbers. Figure 1 - what do you mean by lost to follow up? How was that defined? Table 2 - you reported "abdominal/pelvic" I think you meant to add surgery. Please correct it. Table 2 - previous endoscopy number. The SD is larger than the mean in that row which means that the variable is not normally distributed. How is it possible that P value was statistically significant while the range of mean (SD) is very wide? Similarly, last colonoscopy row. Table 4 - please correct the word "regime" to "regimen" Table 4 - what do you mean by the word "media"? You should report the mean with SD, not median. The authors reported "it also did not reach significance in the PP analysis, IG PP 93.2% (P = 0.08)]." Please provide the comparison between 2 rates and report the P value for this comparison. The authors reported "The information was rated as excellent in 49.4% (CG) and 26% (IG) of patients" I think these numbers are mixed based on the table 4. Please clarify.



PEER-REVIEW REPORT

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Title: Evaluation of an educational telephone intervention strategy to improve non-screening colonoscopy attendance: A randomized controlled trial

Reviewer's code: 04031726

Position: Editorial Board

Academic degree: MD

Professional title: Attending Doctor, Doctor, Senior Researcher, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Spain

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Reviewer chosen by: Jia-Ping Yan

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Review time: 10 Days and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

First of all, I would like to thank the editor in chief for the invitation to evaluate this article. The article "Evaluation of an educational telephone intervention strategy to improve non-screening colonoscopy attendance. A randomized controlled trial" has some troubles: **ABSTRACT** - The Aim has more than 20 words. **RESULTS** - The author says "a total of 1485 patients (738 in the IG and 747 in the CG) were finally enrolled", but in the patient flow chart and all other tables, it is shown that 746 patients were enrolled in the control group and a total of 1484 patients. - In the sub-analysis "Cleansing adequacy", the author says "a total of 627 and 673 colonoscopies (584 in patients contacted) were finally performed in the CG and IG, respectively". However, Table 5 shows that 674 patients in the IG and 634 patients in the CG performed colonoscopy. - In the sub-analysis of patients' satisfaction, the author says "The information was rated as excellent in 49.4% (CG) and 26% (IG) of patients, $P = <0.001$ ", but in Table 4, it is informed the opposite: 49.4% in IG and 26% in CG. - There are too many and too large tables. **DISCUSSION** - The author says this is the first RCT of this subject in "non-screening colonoscopies", but it doesn't seem that this differentiation makes any sense. The indications of colonoscopy in this study were surveillance, diagnostic, or familiar screening. Familiar screening and surveillance may also be cancer screening. - There are also other studies demonstrating that contacting patients before colonoscopy can improve the quality of bowel preparation (PMID: 23503044, 26182387). Therefore, it doesn't seem that this study brings innovative information.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 04031726

Position: Editorial Board

Academic degree: MD

Professional title: Attending Doctor, Doctor, Senior Researcher, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Spain

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Reviewer chosen by: Pan Huang

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS



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The authors made the requested changes. I believe in the recommendation to accept the article.