

## Format for ANSWERING REVIEWERS



March 18, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9371-revised.docx).

**Title:** Split-dose versus same-day reduced-volume polyethylene glycol electrolyte lavage solution for morning colonoscopy

**Author:** Wah-Kheong Chan, Najib Azmi, Sanjiv Mahadeva, Khean-Lee Goh

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 9371

The manuscript has been improved according to the suggestions of editor and reviewers:

### **1 Format has been updated**

### **2 Revision has been made according to the suggestions of the reviewer**

#### **Reviewer 2839886**

This is an interesting, generally well-written study. The authors presented an interesting method of providing bowel preparation prior to endoscopy. They have split the dose of PEG-ELS, and demonstrated no discernable deterioration in quality of bowel preparation, with an improvement in patient-reported symptoms compared to standard single-dose bowel preparation. The findings may be different for patients attending afternoon outpatient colonoscopy and for in-patients and further studies are needed to elucidate which bowel preparation regime is better for afternoon colonoscopy. This was a single-blinded study. The authors described it as randomized - 'Patients scheduled for colonoscopy on a particular day were listed by alphabetical order. Patients who were numbered odd were assigned to the same morning whole-dose group while patients who were numbered even were assigned to the split-dose group.' However due to this randomization strategy it is not truly random assignment. I doubt this impacts on their results however. Note, in the introduction, paragraph 3; first sentence: 'However, previous study on patient satisfaction...' should read 'However, previous studies on patient satisfaction...'

Thank you for pointing out the inaccuracy in terminology. As pointed out, the allocation of subjects was indeed not a truly random assignment but was done in a deterministic manner. However, in view of the large sample size, we feel that the method of allocation should not have significant impact on the outcome of this study. We have changed the terminology accordingly in the revised manuscript. We have also changed 'However, previous study on patient satisfaction...' to 'However, previous studies on patient satisfaction...' as recommended by the reviewer.

#### **Reviewer 289471**

The article is very interesting and well conducted. There are some minor aspects to clarify:

1. In the abstract, it was concluded that splitting reduced volume PEG-ELS was as effective as taking the whole dose. In the discussion, the split-dose was considered better than whole dose protocol. Authors should clarify this apparent conflict.

Thank you for this comment. We have made the necessary changes in the discussion section to clarify the point that split-dose was as effective as, but better tolerated and preferred by patients, compared to same-morning whole-dose of reduced-volume PEG-ELS for bowel preparation for patients undergoing morning colonoscopy.

2. It is not clear how the authors did re-categorize for the assessment of quality of bowel preparation.

Thank you very much for pointing this out. Patients with excellent bowel preparation were re-categorized as good while patients with good and fair bowel preparation were re-categorized as intermediate as this has been shown to have better inter-observer variability during a previous study on quality of bowel preparation at our centre. We have clarified this in the revised manuscript.

3. Quality of bowel preparation was graded using BBPS and there is reference to the original article. However could be of help for readers that a few words were spent about this score to better understand the results reported.

Thank you very much for this suggestion. We have included a description of the score in the revised manuscript.

4. Patients didn't have any sedation?

Thank you for this question. All patients received a combination of Midazolam 2.5 mg to 5 mg and Fentanyl 50 mcg to 100 mcg as sedation prior to colonoscopy. The dosage of these medications was based on patient's age and concomitant medical illness. We have included a statement on this in the revised manuscript.

5. There is a difference in colorectal carcinoma diagnosis frequency in the two groups. It is statistically significant? May this indicate a selection bias?

Thank you for this question. The difference is not statistically different ( $p = 0.122$ ). No changes were made to the revised manuscript for this question.

6. In the tables the percentage symbol (%) should be indicated where appropriate.

Thank you for this comment. We have made the necessary changes in the revised manuscript.

### **3 References and typesetting were corrected**

We speak the English language as a primary language and we have tried our very best to improve the English language of our manuscript. Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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