



**ESPS PEER REVIEW REPORT**

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

**ESPS manuscript NO:** 13756

**Title:** IMPORTANCE OF REPORTING SEGMENTAL BOWEL PREPARATION SCORES DURING COLONOSCOPY IN CLINICAL PRACTICE

**Reviewer code:** 02563187

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-01 09:08

**Date reviewed:** 2014-09-08 18:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B: Very good	<input type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

This article focused on an interesting issue: the standardization of preparation colonoscopy evaluation. The BBPS score was developed by Boston Medical Centre (BMC) section of gastroenterology to provide a standardized instrument for rating the quality of bowel preparation during colonoscopy which can be used for clinical practice, quality assurance and outcome research in colonoscopy. This study was designed to evaluate the impact of reporting bowel preparation using Boston Bowel Preparation Scale in clinical practice. Conclusions: Segmental AADRs correlate with segmental BBPS. It is thus valuable to report segmental BBPS in colonoscopy reports in clinical practice. This will help in determining appropriate interventions to improve bowel prep, careful examination during repeat colonoscopy and determine appropriate surveillance interval. The manuscript is well written and clear. But the format of the paper should be adjusted (e.g. reference style). But not a multicenter study .



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## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13756

**Title:** IMPORTANCE OF REPORTING SEGMENTAL BOWEL PREPARATION SCORES DURING COLONOSCOPY IN CLINICAL PRACTICE

**Reviewer code:** 00112265

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-01 09:08

**Date reviewed:** 2014-09-17 01:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The authors presented a large series of colonoscopies evaluated according to segmental bowel preparation scores. The work is acceptable, but it needs some minor revisions.

- 1) pag. 4: "Average risk" should be better defined;
- 2) The paragraph "End point" in the Methods section is redundant
- 3) Figures summarize several aspects of the manuscript...can it be shortened?



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

**ESPS manuscript NO:** 13756

**Title:** IMPORTANCE OF REPORTING SEGMENTAL BOWEL PREPARATION SCORES DURING COLONOSCOPY IN CLINICAL PRACTICE

**Reviewer code:** 02544167

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-01 09:08

**Date reviewed:** 2014-09-02 20:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This article focused on an interesting issue: the standardization of preparation colonoscopy evaluation. The results are intuitive, the paper is well-written and easy to understand. The number of patients studied is good. Minor revision: - It is needed a better explanation of bowel segment in results section: R1, R2, R3 (R stands for?), T1-T2-T3 (T stands for?), L1-L2-L3 (L stands for?).



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## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13756

**Title:** IMPORTANCE OF REPORTING SEGMENTAL BOWEL PREPARATION SCORES DURING COLONOSCOPY IN CLINICAL PRACTICE

**Reviewer code:** 00503404

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-01 09:08

**Date reviewed:** 2014-09-03 05:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The topic and aims of the paper is interesting and relevant. Comments; 1. unfortunately the cohort size is suboptimal for a robust subgroup analysis. A second confirmatory cohort of the same size is needed before the paper can be further assessed and the distribution in the subgroups should be more homogenous. 2. especially the poor prep group is too small (n=26) and this is of importance since the rates were not significantly different among group 2 and 3 3. although this was reported in the methods NO p values and odds ratios are reported in the results. This should be added 4. detection rate may be influenced by other factors e.g. concomitant medication, please confirm that there was no different the use of anticoagulants, etc. 5. the format of the paper should be adjusted (e.g. reference style, front page, core tips, etc)

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**ESPS manuscript NO:** 13756

**Title:** IMPORTANCE OF REPORTING SEGMENTAL BOWEL PREPARATION SCORES DURING COLONOSCOPY IN CLINICAL PRACTICE

**Reviewer code:** 01714224

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-01 09:08

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Review of the article Importance of reporting segmental bowel preparation scores during colonoscopy in clinical practice by Deepanshu Jain, MD, Mojdeh Momeni, MD, Mahesh Krishnaiah, MD, Sury Anand, MD, Shashideep Singhal, MD. The paper reports the results of a study aimed to evaluate how BBPS (Boston Bowel Preparation Score) influences the advanced adenoma (AA) detection rate during colonoscopy. The study demonstrates the usefulness of BBPS in the detection advanced adenoma rate during colonoscopy. Some useful information should be added in the article. Patients and Method Endoscopy as colonoscopy diagnostic accuracy is also operator-dependent did the study include skilled endoscopists? Namely, how many colonoscopies had to be performed by an endoscopist during the professional activity prior to the study to be considered adequately skilled in the procedure? Which kind of endoscopes have been used in the study (high definition or not)? Extraction time: it is well known that extraction time may influence adenoma detection rate. Was the extraction time recorded? Was a minimum extraction time defined prior to the study and respected by endoscopists? If calculated, data regarding extraction time (mean  $\pm$  SD or median) should be added in Results. Statistical analysis Sample size: how was calculated the number of patients to be enrolled in the study? Value of P should be added at the end of the paragraph.. Results Authors should furnish further information regarding overall adenoma (advanced and non advanced) detection rate, including total number, size and type (sessile and



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pedunculated), in the text and also in a table showing figures per colonic segment either overall either according to BBPS groups. Also features of AA they detected should be described, namely the number of AA having >10 mm in size, with HGD, with villous morphology. According this differentiation, it could be interesting to know which AA detection rate is influenced by BBPS, >10 mm, HGD or villous type. Statistical analysis of data: Authors in Patients and Methods stated that comparison among groups was made using Chi-square test. Indeed, they did not furnish any statistical data in Results. Thus, P value should be added regarding overall and per segment comparison according to BBPS. Discussion: Authors should discuss the usefulness of BBPS in AA detection taking into account the value of P, once calculated. If the P value was not reaching the level of significance, they should stress the not significant finding, furnish a possible reason - for example, a small sample size - and that their data should be confirmed in a further studies, for example including a larger population. Otherwise, if the P value was reaching the significance level, it will reinforce their conclusions. English should be revised as some errors are present in the text



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**Title:** IMPORTANCE OF REPORTING SEGMENTAL BOWEL PREPARATION SCORES DURING COLONOSCOPY IN CLINICAL PRACTICE

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This manuscript conducted a prospective observational cohort study to determine the advanced adenoma detection rate (AADR) in relation to segmental and composite Boston bowel preparation score (BBPS) during colonoscopy. They concluded that the segmental AADR's correlate with segmental BBPS, and it is valuable to report segmental BBPS in colonoscopy reports in clinical practice. In this context, this topic is important and of interest. Yet, as currently written the manuscript has in my opinion some flaws that need revise.

- Totally, 360 subjects had been enrolled in this study. Authors should provide a table to describe the characteristics of these subjects.
- In "Background" section: The ref. 1 is not appropriate. The latest statistic report should be cited.
- The definition of "advanced adenoma" should be clearly defined.
- Fig. 1 and 2: The difference between different groups is statistically significant?
- Fig. 1 and 2: The figure legends should be stated more specific and detailed.