PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 38760
Title: Bowel Preparation Quality Scales for Colonoscopy
Reviewer's code: 00225277
Reviewer's country: Spain
Science editor: Xue-Jiao Wang
Date sent for review: 2018-03-15
Date reviewed: 2018-03-19
Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language	[ ] The same title	[ ] High priority for
[ ] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[ ] No	[Y] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

Cleansing of the colon is essential for adequate endoscopic visualization in colonoscopy. Its inclusion in the endoscopic report, forms part of the colonoscopy quality validation which also need a description of the complete procedure, withdrawal time, number and localization and recovery rate of the adenoma detected, and follow-up recommendation. Each of these aspects are essential for colonoscopy evaluation. Moreover, the long term "cancer interval" is another important data related to colonoscopy quality, which includes proper cleansing. All of these data are necessary in reducing the incidence CRC and there are limited reviews on many of these subjects. The paper is devoted to reviewing the efficacy of the different methods currently used to validate colon cleansing in colonoscopy. The revision is a meta-analysis of 27 series providing data on colon cleansing, using different scales. The paper demonstrates that the value of the different methods has different sensitivities and meanings, making it difficult to analyze

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their influence on the quality of colonoscopy. The paper is difficult to read but the information is reliable and useful. In fact, the easiest data obtained of this revision is the reliability of the Boston Bowel Preparation Scale Score manly in relation to the percentage of patients recomme3nded to undergo long term colonoscopy follow-up. Chicago Bowel Preparation Scale showed similar values while. Aronchik, Otawa and Harefield evaluation methods seems to be less reliable because of some interpretation difficulties. The Discussion is long because it not only includes the scales and methods of validation, but also the substances used for cleansing, which make it difficult to read. In fact, the authors should organize the Discussion into sections (scale of validation, need for washing/suctioning, overall description of colon segments cleansing, interobserver agreement, and the cleansing evaluation related to the ADT-PDR- years of follow-up recommendation), in order to provide clearer conclusions.

Reply to reviewer: Dear Sir/Madam, thank you for your pertinent comments. We have revised the Discussion to reflect your feedback

The inclusion of "Future directions" is interesting however, not only cleansing validation is needed in the future, but rather CRC prevention, studies such as ADR, withdrawal time and recommended years of follow-up should also be reevaluated.

Reply to reviewer: We have revised the section Future Directions to incorporate your suggestions.

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COMMENTS TO AUTHORS

This is a review article on the various bowel preparation quality scales for colonoscopy. While the author should be commended about the extensive data that has been presented, there are several important changes which need to be made. MAJOR POINTS: 1. The discussion should be very focused and summarize the data already presented and give the pros and cons of the different bowel preparation scales, along with the authors own opinion, being an expert in the field. However, paragraph 4 (page 16) of the discussion adds new, un-necessary information and paragraph 5 (page 17) adds to the confusion. Instead of that, the author should focus on certain drawbacks of the bowel prep scales as follows: a. The Aronchick scale grades bowel prep before washing and suctioning. While this would be OK in the era when people were using air during insertion, in today's world where water immersion and water exchange are being used more frequently, it cannot be applied. Not only that, a lot of people are using the

Aronchick scale incorrectly as they grade the bowel prep as good or fair, after washing and suctioning. b. Similarly, the Ottawa scale gives points based on the total fluid in the colon, however this cannot be done if you are using water immersion/exchange. c. While the Chicago scale has more specific definitions like >15% of mucosa not seen or fluid volume <50ml or > 300ml, it would be very difficult for the endoscopist to assess these numbers correctly.

Reply to reviewer: Dear Sir/Madam, thank you for your pertinent comments. We have revised the Discussion to incorporate your feedback

2. Under "Future Directions", the author mentions that "image interpretation technology" capable of automatically scoring mucosal visibility may be available in the future....while this appears appealing, it's not practical as assessment of the bowel prep quality is a "process" involving cleaning, suctioning and evaluation of the entire "segment" and cannot be done based on a few "static" images. 3. Given the current available data, the Boston Bowel Prep Scale (given its limitations), appears to be the best out there and the author should rather focus on giving any suggestions about how to improve if further, otherwise recommend using it as a standard for all, till something better is out there in the future.

Reply to reviewer: We have revised the section Future Directions to reflect your suggestions.

MINOR POINT: 1. Table 1, under Aronchick scale, score 3- fair – semisolid stool "could" not be suctioned instead of "count". Please make sure there are no spelling or grammatical errors elsewhere in the manuscript.

Reply to reviewer: Thank you, the table has been corrected.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
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COMMENTS TO AUTHORS
The authors present a comprehensive systemic review on one of the most controversial studies in bowel preparation quality scales. I commend the authors for their extensive review. I think this review articles needs additional clarification: The explanation of each bowel prep quality scale were unfocused and distracted. For example, explanation of Bostone BPS was relatively written in detail and there was a lot of content, so it can be biased. I recommend more balanced description. Moreover, the evaluation scales by colonic segment and timing of evaluation (before suction or not) are important point, so if you summarize it as a table, it will help readers to understand pro and cons of each quality scales (esp. four commonly used scales). Thank you for your nice review.

Reply to reviewer: Dear Sir/Madam, thank you for your pertinent comments. We have revised the manuscript to reflect your feedback.