



**Baishideng  
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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 43089

**Title:** 1.2 L polyethylene glycol plus ascorbic acid solution vs. 2 L polyethylene glycol-based electrolyte solution as an outpatient bowel preparation for colonoscopy: a randomized non-inferior trial

**Reviewer’s code:** 03258862

**Reviewer’s country:** India

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2018-10-26

**Date reviewed:** 2018-10-28

**Review time:** 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Topic of current interest. Well written manuscript. 1. Dose of sennoside not clear 12 or 48 mg ? 2. Preference of sennoside over bisacodyl ? any reason 3. Authors should



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comment about preparation to colonoscopy time interval. 4. Discussion- page 28=(Although this phenomenon has had no known cause yet, some differences in dietary habit, body dimensions, or reactivity for the cleansing agent affect colonic transit time may have been at play) Recent study from south Asia also showed optimal preparation with combination of stimulant laxative and low dose preparation (Ref. Polyethylene glycol plus bisacodyl: A safe, cheap, and effective regimen for colonoscopy in the South Asian patients). The effects of dietary habit and colonic transit time on colonoscopy preparation in Asian patients may explains these difference ? 5 Minor language problem

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

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**Manuscript NO:** 43089

**Title:** 1.2 L polyethylene glycol plus ascorbic acid solution vs. 2 L polyethylene glycol-based electrolyte solution as an outpatient bowel preparation for colonoscopy: a randomized non-inferior trial

**Reviewer's code:** 02445726

**Reviewer's country:** United Kingdom

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2018-10-26

**Date reviewed:** 2018-11-16

**Review time:** 20 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The study is well prepared and well written and definitely it is worth to be published. The authors appropriately stressed that 1.2 L PEG-ASC solution and sennoside with prior-residue diet is a suitable alternative to the



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Japanese standard because the results may differ for other populations. It looks that investigated groups did not differ in terms of comorbidities which could have an impact for bowel prep (diabetes, constipation). However, it would be great if the authors would like to write that no statistical differences in both groups in terms of indications for colonoscopy (especially I concern about altered bowel habit to lose and more frequent stools where I think a good prep might be achieved more easily). I would be also interested to know if no difference with quality of bowel prep (1.2 L PEG-ASC vis 2.0 L of PEG-ELS) in patients with constipation. The answer could be relevant for potential guidelines in the future. Personally, I always advise patients before colonoscopy to drink more fluids than they pass during bowel prep (we also need to put into account amount of diuresis). There is no problem for young and middle-aged patients to drink a sufficient amount of fluid if they need it. I always worry about a dehydration in case of chronic renal failure (even with eGFR > 30) and senior patients. The last group used to present with decreased thirst – their perception of hypovolemia and natural need to drink fluids can be impaired. I am not convinced that the authors' opinion "there were no significant changes in eGFR before and after the procedure" is a sufficient statement and I think they need to analyse the problem deeply. At the end of chapter entitled Study procedures the authors cannot write "... evaluating the cleansing effect in each colon segment: right, transverse, and rectosigmoid colon, ... ". The splenic flexure is commonly recognised as the border between the right and left colon. Regardless these discrepancies the authors study is a valid approach for many group of patients especially for these who need to have a colonoscopy and would not like to drink a lot of fluids. Maybe it is able to improve acceptability of colonoscopy as bowel cancer screening in some populations.

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- [ ] The same title
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- [ Y] No



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