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Title: Split-dose Bowel Preparation Improves Gastroenterologists' adherence to National Colorectal Cancer Screening and Surveillance Guidelines

Dear Lian-Sheng Ma,

Thank you for this opportunity to revise and improve our manuscript. We appreciate the opportunity to address the number of issues identified and have corrected these as suggested. Below is a point-by-point response to the comments of the reviewers. Additionally, we have highlighted all the changes in the revised manuscript.

With Kind Regards,

Stacy B. Menees, MD MS

First Reviewer:

This is an interesting and well written retrospective study on the effect of transition to split-dose bowel regimen on endoscopists' compliance to guidelines. The authors are experienced in this area and have previously published evidence supporting the quality of the preparation as the strongest determinant of lack of adherence to guidelines post screening colonoscopy. Minor comment: delete the second "were" in the last sentence of the first paragraph in the introduction section

Authors' response: The word "were" has been removed from this sentence.

Second Reviewer:

This is a retrospective study looking at the impact of split-dose bowel preparation regimen on endoscopists' compliance with guideline recommendations for timing of repeat colonoscopy in patients with normal colonoscopy or 1-2 small polyps (<10mm). 4225 patients were included in the study, of which 1,987 patients were prior to the institution of split dose bowel preparation (in 2009), and 2,238 were after the institution of split dose bowel preparation (in 2011). The authors conclude that Split-dose bowel regimen increases endoscopists' compliance to guidelines in average risk patients with normal colonoscopy or 1-2 small polyps. MAJOR POINTS: 1. The authors have not reported if the "same" group of physicians were involved in the 2009 and 2011 colonoscopies. While some physicians may adhere to the guidelines even for "fair prep", others won't. So, if the 2009 and 2011 colonoscopies were performed by different physicians, the difference could be attributed, at least partly to the difference in physician preferences.

Authors' response: This is an excellent point. We did not include colonoscopies by endoscopists that were not here for both time periods. This has been added to the methods section, page 5, 1<sup>st</sup> paragraph, 2<sup>nd</sup> last sentence "Only colonoscopies performed by gastroenterologists that were present in both calendar years were included."

2. The main reason for increased physician compliance to guidelines was more patients with split prep had "excellent" or "adequate" prep. This should be mentioned in the abstract and if possible, in the title.

Authors' response: This is an excellent point. This has been added to the results section of the abstract with the following sentence: "Colonoscopies with either "Adequate" or "Excellent" and "Inadequate" increased from 30.6% in year 2009 to 39.6% in year 2011 ( $p < 0.001$ )."

MINOR POINT: 1. The authors have mentioned in the discussion, that the preparation type was limited to medical records. They should further clarify this that actually some patients who were prescribed split prep may not have actually taken it

Authors' response: We have added this point to the discussion, page 13, 2<sup>nd</sup> paragraph, 3<sup>rd</sup> sentence: "Furthermore, patients who were prescribed split-dose bowel regimen during the second time period may not have actually taken it as recommended."