

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13075

Title: Comparison of electrolyte changes after colonoscopic bowel preparation between 2 L PEG with ascorbic acid and 4 L PEG: A randomized controlled multicenter trial

Reviewer code: 00188264

Science editor: Ya-Juan Ma

Date sent for review: 2014-08-05 14:08

Date reviewed: 2014-08-22 21:23

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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Lee and colleagues submitted an interesting randomized trial Comparing electrolyte changes after colonoscopic bowel preparation between 2 L PEG with ascorbic acid and 4 L PEG Major comments 1- Patients allocation and allocation concealment was not mentioned, the same as the process of blinding 2- Sample size calculation was not provided, not sure how did they come up with the number provided and based on what outcome 3- Exclusion of patients with renal and heart failure limit generalizability 4- Why patients in the conventional 4L of PEG received 3L of PEG the night before and 1L the morning of the procedure instead of 2L the night before and 2L the morning of the procedure? That might decrease the efficacy of 4L PEG 5- Authors didn't explain the changes noticed in electrolytes disturbance and the discrepancy between their findings and previous studies 6- As authors mentioned, one of the limitation is failure to measure serum bicarbonate, I am not sure why (no reason was provided)? Especially that one of the biggest concern of ascorbic acid is acid-base disturbances Minor comments 1- Grammatical errors and typos throughout the manuscript 2- Figure 1 is not clear 3- I am not sure why only around 60% of patients in both groups have serum calcium level within normal level (Figure 3) 4- Indications of colonoscopy was not provided (Table 1) 5- Table 2 is somehow confusing, I am not sure how p value would be statistically significant in the serum sodium before and after bowel preparation in the PEG-Asc group (140 ± 2.4 vs. 140.8 ± 2.6)

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13075

Title: Comparison of electrolyte changes after colonoscopic bowel preparation between 2 L PEG with ascorbic acid and 4 L PEG: A randomized controlled multicenter trial

Reviewer code: 00071725

Science editor: Ya-Juan Ma

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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 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		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an interesting study. However the authors will need to elaborate more on the methodology including how the patients were randomised, what are the primary and secondary outcome measures. How the sample size was calculated. Was the blinding of the allocation and the assessors. Only after all these vital information is provided can this be published.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13075

Title: Comparison of electrolyte changes after colonoscopic bowel preparation between 2 L PEG with ascorbic acid and 4 L PEG: A randomized controlled multicenter trial

Reviewer code: 00504462

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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 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Sir, I was very pleased to read your investigation, which I believe should be published. However, there are some grammatical, as well, as semantic expressions you need to correct. In addition, there are some points I need to ask you to include in your publication. -Why did you exclude patients with IBD? Were all the adverse effects benign? For example in the paper from the group of Dr. Worthington J (A randomised controlled trial of a new 2 litre polyethylene glycol solution versus sodium picosulphate + magnesium citrate solution for bowel cleansing prior to colonoscopy. Curr Med Res Opin. 2008;24:481-8) where successful bowel preparations were only reported in 84.4% of patients who received PEG + Asc and 72.7% of patients who received sodium picosulphate + magnesium citrate (treatment difference +11.6, 95% CI -11.2, +34.5; p = 0.367). And in your case, 100% of all the included patients had a complete and successful preparation. -What was the indication for the procedure? Were they all for colon cancer screening? -In how many patients you reached the cecum or the terminal ileum? Was it 100%? -Can you tell us about your adenoma finding rate? Can you mention the median time of the duration of the procedures in each group? -Is the PEG-Asc composition, pH and taste equal or equivalent as the one that is marketed in other countries? This question is related to other publications, as "Repici A, et al. Randomised clinical trial: low-volume bowel preparation for colonoscopy - a comparison between two different PEG-based formulations Aliment Pharmacol Ther. 2012. 36:717-24" where they report "Two subjects in the



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PEG-Asc group discontinued the study because of AE". In this case, yours seems to be safer. -Finally, did you receive any sponsorship from the PEG-Asc manufacturer? I hope to hear from you soon, in order to send your research to publication. Sincerely