



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

ESPS manuscript NO: 11733

Title: Diagnostic yield of Third Eye Retroscope on adenoma detection during colonoscopy: a systematic review and meta-analysis

Reviewer code: 00504704

Science editor: Fang-Fang Ji

Date sent for review: 2014-06-03 22:23

Date reviewed: 2014-06-28 09:51

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists various grades (A-E) and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

Overall this seemed to be a worthwhile article. It needs some some minor clarification in my opinion. Regarding the increase in detection rate. When one has an increase of polyp detection of "19.8%" and the adenoma increase is "19.9%" -what is the numerator and the denominator? Can the authors please provide the raw numbers in a table? It would also be good if the authors can separate out sessile serrated adenomas/sessile serrated polyps (SSP) from hyperplastic polyps. SSP are sometimes grouped with adenomas and sometimes not, and are currently of great interest in the GI literature. Readers would like to know what type of lesion the Third eye detects. Can the authors clarify the endoscopic methods used to get an increase in detection using the third eye? Were there tandem endoscopy or was the additional detection defined as a polyp seen with the third eye but not seen on the screen with the regular endoscopy? This is an important question as it has to do with endoscopic technique. Consider the fact that the additional polyps had to be characterized pathologically, which therefore implies that the polyps were removed. Removal is done using the forward viewing optics. This implies that all polyps seen with third eye must have been visible with forward viewing optics. For those to have not been identified without third eye may suggest poor technique using the forward viewing instrument. The definition of what constituted a polyp found by third eye but not found with forward viewing optics should be mentioned. Regarding the age of the patient, the mean age of 59.8 or 60 years (2 or 3 significant figures) is better than 59.83.



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**Name of journal:** World Journal of Meta-Analysis

**ESPS manuscript NO:** 11733

**Title:** Diagnostic yield of Third Eye Retroscope on adenoma detection during colonoscopy: a systematic review and meta-analysis

**Reviewer code:** 01799429

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-03 22:23

**Date reviewed:** 2014-07-09 19:25

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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This was well-written article, but I'd like to know more detailed information about TER. For example, the authors analyzed only AADR and APDR, and other factors, such as procedure time and histology of detected polyps, were simply discussed without specific data. Please describe each study in detail, and support us imagine or understand actual TER. It was difficult to judge the effectiveness of TER only from the aspect of detection rate.



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**Name of journal:** World Journal of Meta-Analysis

**ESPS manuscript NO:** 11733

**Title:** Diagnostic yield of Third Eye Retroscope on adenoma detection during colonoscopy: a systematic review and meta-analysis

**Reviewer code:** 00503440

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-03 22:23

**Date reviewed:** 2014-07-13 05:06

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 checked="" 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

I read with interest the paper by Nirav Thosani et al. entitled: "Diagnostic yield of Third Eye Retroscope on adenoma detection during colonoscopy: a systematic review and meta-analysis". In recent years many attempts have been made to ameliorate colonoscopy technology mainly aimed to reduce procedure-related pain and discomfort and to improve its diagnostic yield. New devices could also increase population adherence to colon cancer screening programs. Probably the third-eye retroscope will represent an interesting novelty in clinical setting in the near future. This is an excellent manuscript with valid statement and proper explanations, it is exhaustive and accurate, it is stimulating both for clinical practice and future further investigations. The methods for data analysis are appropriate and results are clearly displayed and easy to understand.