

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3755

Title: Magnetic endoscopic imaging versus standard colonoscopy: Meta-analysis of randomised controlled trials

Reviewer code: 01799918

Science editor: Wen, Ling-Ling

Date sent for review: 2013-05-21 19:16

Date reviewed: 2013-06-05 13:31

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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 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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors report a meta-analysis of trials that have compared MEI colonoscopy with standard colonoscopy for cecal intubation rates and cecal intubation times. Specific points are as follows. (1) Although colonoscopy supported by MEI was first reported in 1993, the technique has not been widely adopted, either because it is expensive or because gastroenterologists are uncertain of its benefits. (2) Apparently, there was variation in the type of MEI equipment in the various studies. This is noted in the Discussion but not in the Materials and Methods. (3) Table 1 is long and complex. This will be confusing to most readers but a short table summarizing the various studies may well be appropriate. (4) Table 2 may be appropriate although this reviewer is not an expert in the statistical features of meta-analyses. (5) There is some confusion in relation to the Results section, the figures and the legends. Figure 2 appears to refer to cecal intubation times (3 studies). The results appear to favour standard colonoscopy although the Results section indicates "no significant difference". Figure 2 is mislabelled "cecal intubation rate, inexperienced". Figure 4 also appears to be misleading. In the figure, there does not appear to be any significant difference between the two groups but the Results section says that "cecal intubation was obviously higher with MEI". This whole section needs revision. (6) The Discussion seems reasonable. (7) There are a number of spelling and grammatical errors.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3755

Title: Magnetic endoscopic imaging versus standard colonoscopy: Meta-analysis of randomised controlled trials

Reviewer code: 01468039

Science editor: Wen, Ling-Ling

Date sent for review: 2013-05-21 19:16

Date reviewed: 2013-06-09 00:08

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

COMMENTS TO AUTHORS

Results need to be written in clearer fashion. The authors list the general results on the listed outcomes. However, they do not give an idea of the general trend of the outcomes from the studies. I agree that the data cannot be pooled on some outcomes, however, a general statement can be made about the overall results. E.g. one could comment MEI did not lower pain scores (8 studies) etc.