

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 5010

**Title:** Determining The Effect of Training and Experience on the Accuracy of CT Colonography Versus Optical Colonoscopy in the Detection of Colonic Neoplasia

**Reviewer code:** 00289422

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-08-08 13:14

**Date reviewed:** 2013-08-13 15:03

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 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

Design "...but were maintained NPO thereafter until completion of both procedures": this sentence needs clarification. Results "the false positive rates were 3.8% for the Radiologist, 0% for the Radiology resident" This seems somehow difficult to explain. The authors should discuss on it. "the readers overall accuracy rates stayed stable throughout the study period". It is not clear enough how long the study period was. In fact learning curves usually are estimated in long time periods. It is not clear why the extracolonic findings were recorded, while there were not analyzed. Discussion' "the accuracy rates for three of the readers declined slightly with increasing experience..." This seems rather paradoxical and the authors need to discuss more on it. "The sensitivity rates ranging from 54% to 84% for the detection of polyps > 6mm were lower in our study than seen previously in some studies". It would be beneficial to explain this fact, if the authors could also refer to the quality of CTC examinations using a scale.

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**ESPS Manuscript NO:** 5010

**Title:** Determining The Effect of Training and Experience on the Accuracy of CT Colonography Versus Optical Colonoscopy in the Detection of Colonic Neoplasia

**Reviewer code:** 00069600

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-08-08 13:14

**Date reviewed:** 2013-08-22 21:49

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 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 and Discussion: -The author showed the result of false negative and false positive. However, what cause false negative and false positive of CTC should be shown in detail and discussed. Do they differ among 4 observers? For example, why did GI Fellow #1 detected more polyps than the radiologist and the Radiology resident? This should be discussed. -Not so sure that 90 cases are enough to demonstrate the learning curve. -Discussion section is too short. Many aspects are not discussed in details such as false negative and false positive cases, interpretation time, extracolonic findings. -The author should discuss more on the accuracy among 4 observers, particular why the experience GI Radiologist had the lower accuracy rate than Radiology resident. -The high accuracy rate of polyp detection can be achieved by 30-cases training set. However, the accuracy rates decreased over period of time in 3 observers. This point should be discussed why the accuracy decreased. -Even though, the author stated that the extracolonic finding is not the end point of this study, but the author presented the result on the extracolonic finding, which differed among observers. This issue might affect on CTC interpretation. Need discussion. Conclusion: -A bit long

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**Title:** Determining The Effect of Training and Experience on the Accuracy of CT Colonography Versus Optical Colonoscopy in the Detection of Colonic Neoplasia

**Reviewer code:** 02457829

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-08-08 13:14

**Date reviewed:** 2013-08-30 12:36

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 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

The authors performed a prospective study to assess the effect of experience on the accuracy of CTC and the preference of patients comparing CTC and colonoscopy. Overall, the study was well designed and variables were well controlled (the colonoscopy was carried on the same day of CTC, four readers were representative, and interpretation was blinded). However, it added relatively limited information to current literature body, and preference of colonoscopy over CTC was concluded from a relatively small group of patients (n=20). Here listed some unclarities: 1. The authors seemed to have used only polyp as the end point, while both CTC and colonoscopy can offer clinicians far more information, some of which can be assessed in both exams and potentially comparable. 2. Some questions about the methods: The patient selection process could be listed, like how many patients, if any, were initially enrolled but excluded according to the criteria. One patient with extra luminal air was reported. It could be summarized how many patients overall reported kinds of complications. Only 20 patients out of the 90 participated in the preference questionnaires, therefore the results could be easily influenced by kinds of bias. Overall, this is an useful paper. Organizing such study was not easy in clinics. The authors could have more discussion from their results to the general training requirments of clinical procedures as CTC.

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**Title:** Determining The Effect of Training and Experience on the Accuracy of CT Colonography Versus Optical Colonoscopy in the Detection of Colonic Neoplasia

**Reviewer code:** 00004187

**Science editor:** Gou, Su-Xin

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**Date reviewed:** 2013-09-02 04:59

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 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
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## COMMENTS TO AUTHORS

The manuscript is interesting - Change the conclusions. Short phrases. Do not speculate. Points minor - What is NPO? - What was the time of withdrawal of colonoscopies? - What was the level of cleanliness for colonoscopies? - The definition of "polyps present" remove from data analysis - How do you explain the presence of extra-luminal air Following the CTC? - Results (False positives) How many patients had no polyps? 70 patients or 60 patients (30 had polyps) - How much time it took to perform a CTC? Discuss whether there are papers that use sedation for CTC - Add the % of extracolonic findings. What explains the great variability of extracolonic findings? Are these findings important or unimportant? Description - Flat polyps had as ranked Paris type 0-II? Does CTC saw? - Check the references, eg 21.