

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14009

Title: A comparison of efficacy and safety of sedation between dexmedetomidine-remifentanyl and propofol-remifentanyl during endoscopic submucosal dissection

Reviewer code: 02441274

Science editor: Yuan Qi

Date sent for review: 2014-09-13 20:13

Date reviewed: 2014-09-25 18:10

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

COMMENTS TO AUTHORS

A good study properly conducted. Issues which need to be addressed include 1. Number of patients too few. 2. Propofol given in both groups for additional effect. 3. Anti motility drug (Butylscopolamine) was used to suppress motility and so comparison of two group in forms of motility becomes inappropriate. 4. The authors concluded to say DR group is better than PR group due to reduced mobility in former. However this study shows no effect of this in forms of efficacy or complications. PR group was better in form do ease of endoscopy which is a clinical parameter. 5. MOAA/S assessment in table 1 should have a reference. 6. References are not appropriately mentioned. Particularly abbreviations used for journal name are mostly incorrect

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Title: A comparison of efficacy and safety of sedation between dexmedetomidine-remifentanyl and propofol-remifentanyl during endoscopic submucosal dissection

Reviewer code: 02537190

Science editor: Yuan Qi

Date sent for review: 2014-09-13 20:13

Date reviewed: 2014-09-20 03:51

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | Google Search: | <input checked="" type="checkbox"/> Accept |
| <input checked="" 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 type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade D: Rejected | <input type="checkbox"/> Existing | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E: Poor | | <input type="checkbox"/> No records | <input type="checkbox"/> Major revision |

COMMENTS TO AUTHORS

In otherways good designet and clinically importat study i Find a serious problem that can bias all the conclusions. Authors must clarify the statment: Additional propofol requirements were 16.9 ± 10.3 mg in 8 patients of DR group and 13.3 ± 5.8 mg in 3 patients of PR group ($P = 0.081$) (Table 6). Is it true that also patients in DR group received propafol or is this a mistake ?

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ESPS manuscript NO: 14009

Title: A comparison of efficacy and safety of sedation between dexmedetomidine-remifentanyl and propofol-remifentanyl during endoscopic submucosal dissection

Reviewer code: 00068472

Science editor: Yuan Qi

Date sent for review: 2014-09-13 20:13

Date reviewed: 2014-09-21 15:24

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

COMMENTS TO AUTHORS

General The authors compared the efficacy and safety of sedation between dexmedetomidine-remifentanyl and propofol-remifentanyl for use during endoscopic submucosal dissection (ESD). Fifty-nine patients scheduled for ESD were randomly involved in the study, randomized into a dexmedetomidine-remifentanyl (DR) group or a propofol-remifentanyl (PR) group. The efficacy and safety of dexmedetomidine and remifentanyl were comparable to propofol and remifentanyl during ESD. Endoscopists favored dexmedetomidine mainly due to lower gastric motility.

Specific comments ?Overall, the presentation of the topic is a little confused. ?The English language should be improved. ?Patients were asked about their satisfaction with the procedure (very good, good, bearable, and unbearable) before discharge. How much time after procedure? ?Were there any differences between the results regarding adverse respiratory events? ?What is the preferred antidote for dexmedetomidine in case of severe adverse events? ?The authors should spend time to discuss the potential cost-effectiveness of dexmedetomidine-remifentanyl over propofol-remifentanyl sedation. ?Further prospective multicentre randomized studies are needed to establish the clear-cut clinical advantage of dexmedetomidine-remifentanyl over propofol-remifentanyl sedation.

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ESPS manuscript NO: 14009

Title: A comparison of efficacy and safety of sedation between dexmedetomidine-remifentanyl and propofol-remifentanyl during endoscopic submucosal dissection

Reviewer code: 01550210

Science editor: Yuan Qi

Date sent for review: 2014-09-13 20:13

Date reviewed: 2014-10-06 21:15

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

COMMENTS TO AUTHORS

Thank you for submitted to our journal. This subscription is about the comparison between dexmedetomidine and propofol during ESD. The conclusion is that dexmedetomidine is effective and safe during ESD, which will come from the lower gastric motility. Your manuscript is well written, but I have some comment to your manuscript. Major comment 1. Both dexmedetomidine and propofol have come to use recently. So you should compare dexmedetomidine with ordinal sedative, such as mitazolam. 2. Dexmedetomidine reduces the gastric motility, but butylscopolamine can also reduce the gastric motility. Actually, you use butylscopolamine during ESD procedure. How do you explain the participation of dexmedetomidine and propofol solely? 3. The basis of conclusion, that dexmedetomidine is effective and safe during ESD, is very weak. Minor comment 1. If you can, you should point out the economic efficiency of dexmedetomidine.