

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11141

Title: Increasing age and longer duration of colonoscopy are factors to predict adenoma detection in both proximal and distal colon

Reviewer code: 00225277

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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"/> 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	BPG Search:	<input checked="" 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 paper is an interesting study on the factors influencing the adenoma detection rate in colonoscopy. The authors use a colonoscopy database designed for other aims which make it easy to avoid bias in patient selection. Were the patients with polyps found during colonoscopy treated in the same session? Were these patients excluded from the analysis? If included, was the total colonoscopy time influenced by the polyp treatment? The authors state that the presence of inflammation is inversely proportional to the polyp detection rate, but the colonoscopy reports without specific findings were probably prone to noting slight inflammatory changes highlighted in the mucosa. The amount of propofol used and the investigation time were probably directly proportional despite the variability induced by age and comorbidities. It is curious that serrated adenomas were more frequent in the distal colon. In fact, this type of lesion is more frequent and often multiple and found in the proximal colon. Some comment on this aspect would be welcome. The data in Results (odds ratio) are difficult to read and would probably be clearer in a graph. The odds ratio and even the significant odds ratio after multivariate analysis show very few differences as compared with the null hypotheses. The authors consider that these differences are clinically relevant, which needs some ancillary explanation. The authors describe a relationship between the odds ratio and the percentage of polyp detection or colonoscopy time. It is difficult for the readers to easily understand the conversion from the odds ratio to the percentage of increasing polyp detection rate.



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These conversions need some explanation for the readers since, as stated in the text, small differences in the odds ratio induce great changes in the percentages, for instance, in the polyp detection rate.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Increasing age and longer duration of colonoscopy are factors to predict adenoma detection in both proximal and distal colon

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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

The authors present the findings of a post-hoc analysis of prospective study of the use of capnography in colonoscopy performed to examine factors associated with adenoma detection. The results are of some interest, particularly the findings that detections of adenomas in the right colon is almost as common as in the left colon, and notably that most patients with right sided adenomas do not have adenomas on the left. The findings are of impact due to the current discussion of the role of flexible sigmoidoscopy as a primary screening modality. I believe that the manuscript would be of much greater impact if the authors revised it to focus primarily on this issue. They present the results of multivariate analysis of factors associated with adenoma detection (overall and in the right and left colon specifically) but these analysis have significant flaws. While they highlight the increased risk of adenoma detection with increasing age and male gender (which might be expected) they also emphasize (in the title of the manuscript) the association with increased duration of procedure. However, this cannot be an independent association as the presence of polyps (requiring extra time to perform polypectomy) will inevitably lead to a longer procedure without this being of itself 'predictive' in any way. Likewise I suspect further analysis of confounding variables elsewhere, such as the fact that in-patient setting and procedure performed later in the day were both associated with a finding of advanced neoplasia - surely this is a spurious association as in-patients will tend to be scoped later in the day and so these are not independent variables. I would suggest revising the



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manuscript to focus on the issue of right/left polyp distribution in the cohort. The methods are otherwise sound and the manuscript well written though there are some typographical errors (Incorrect spellings - Page 7 female Page 13 tobacco). If the current format for the manuscript is retained then I'd suggest an acknowledgement of some of the issues about confounding variables I have highlighted above.