

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15174

**Title:** Efficacy of Cap-assisted Colonoscopy versus Standard Colonoscopy for Detection of Colorectal Polyps and Adenomas According to Endoscopist Training Level and Lesion Location

**Reviewer's code:** 03003148

**Reviewer's country:** Brazil

**Science editor:** Jing Yu

**Date sent for review:** 2014-11-14 19:46

**Date reviewed:** 2014-12-13 12:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Although this is an important topic for colorectal cancer prevention, some revisions of the manuscript are required before being published, including the following: 1. In the "Introduction", lines 8 and 9, it would be better if the authors use "flat lesions" in steady of "flat polyps" and "missed lesions" in steady of "missed polyps", respectively. 2. In the "Methods" the authors claim to have used Paris classification for morphology classification of lesions. However, all lesions were classified as "polyps" in the results. All lesions were 0-Is or 0-Isp or 0-Isp? There were no flat lesions detected in the study population? Please clarify in the "Methods" and include in the "Results" and "Discussion" if necessary. 3. Could authors provide representative figures of endoscopic images? 4. In the discussion the authors described that the reason for having longer withdrawal time in CAC group was the higher number of polyps detected and removal in this group compared to in SC group. However, it is known that withdrawal time is associated with increase in ADR. Could the withdrawal time be responsible for increasing of ADR in CAC group? Please explain



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**ESPS manuscript NO:** 15174

**Title:** Efficacy of Cap-assisted Colonoscopy versus Standard Colonoscopy for Detection of Colorectal Polyps and Adenomas According to Endoscopist Training Level and Lesion Location

**Reviewer's code:** 03002168

**Reviewer's country:** United States

**Science editor:** Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

- 'third-eye' retroscopy is not a standard term and may be proprietary; 'retrograde-viewing device' would be more appropriate. See <http://www.ncbi.nlm.nih.gov/pubmed/20189513> - the ADR in this population is significantly higher than what has been reported by others, such as Corley <http://www.ncbi.nlm.nih.gov/pubmed/24693890>. How do you account for the high rate of lesions detected in this population? - Table 1: was there a difference in ADR and/or PDR based on age (20-50, 50-65, 65-75, 75+) AND gender in terms of lesions detected in the right, transverse, and descending colon? - what % of patients had a lesion detected in the ascending AND another segment of the colon using CAP vs. SC? - what % of patients had a significant ( $\geq 5$ mm) lesion detected in the ascending AND another segment of the colon using CAP vs. SC? - what was the average # of lesions detected per patient?