

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14850

Title: When and why a colonoscopist should discontinue colonoscopy by himself?

Reviewer's code: 00504462

Reviewer's country: Mexico

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-28 10:45

Date reviewed: 2014-11-07 04:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Sir, You have an outstanding paper as you address one fear all practitioners have: having to discontinue a colonoscopy. You have performed a magnificent analysis of patients' and physicians' aspects that influence this decision. I have to ask for some additional information in order to send this to publication: 1. This is the most important point. You mention "patients who had undergone the most difficult colonoscopic procedures (Grade C, Kudo's difficult classification)", however, this classification is not shown and the reference is a Japanese book that it is hard to get. Is it possible to know what this classification consists of? 2. Also it would be great to know the Kudo's colonoscopist level classification. This is to know the accreditation level needed for a 4th level colonoscopist 3. You mention that there were exclusion cases due to "commonly-encounters factors for the incomplete colonoscope insertion...". Can you mention, how many cases were in this group? And, if eventually they were re-scheduled? Or why were they excluded from any procedure at all? 4. 37,800 colonoscopies in almost 10 years by 3 colonoscopist is impressive, as it means that each one should be done 1,260 procedures per year, and almost 5 per day (excluding weekends, but not the holidays or other non-procedural days, which could augment this number). Is it possible to know if the last



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

patient of the day was more likely to be discontinued? Maybe fatigue could be a factor. 5. Also, it is known that patients with an incomplete cleansing of the colon are more difficult to complete, and even though you mention that "insufficient colon cleansing" was a exclusion factor, it is also known that patients with anatomic variations, like "fixation, tortuosity, laxity, and redundancy" are also difficult cases to get a good colon cleansing. Did you evaluate the preparation of each patient, especially those that discontinued their preparation? 6. Do the patients in question (those who were suspended their procedure) have any previous surgery? And for the women group, how many previous pregnancies or pelvic procedures have been done? I hope you can answer these questions, as soon as possible, in order to publish it. Sincerely

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14850

Title: When and why a colonoscopist should discontinue colonoscopy by himself?

Reviewer's code: 00068308

Reviewer's country: United Kingdom

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-28 10:45

Date reviewed: 2014-12-12 15:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

An interesting paper addressing a novel area of colonoscopy. Certain points deserve attention as outlined below: 1. The Kudo classifications of colonoscopy difficulty and colonoscopist level should be stated in a separate table 2. INTRODUCTION: The analogy of the "80 year old obese patient..." is inappropriate and should be deleted. 3. Did the colonoscopist's use Midazolam before the opioid? This is contrary to standard practice and the pharmacological basis that opioids should be given first. 4. Sedation practice should be explained more clearly. 5. Was scope guide used for any procedures? Or if not, please state so. 6. Was a variable stiffness scope used for any failed intubation? 7. Please provide detail of the adenoma detection rates for the colonoscopists and their withdrawal times if available. If this information is not available, please state so. 8. DISCUSSION: Change "toughest" to "a challenging procedure". Is colonoscopy the most difficult? If you believe so, please reference this statement. 9. DISCUSSION Para 2: Last sentence "Some if the....ileoceacum" does not make sense, please delete this sentence.