

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15636

**Title:** Intraprocedural bowel cleansing with the JetPrep cleansing system improves adenoma detection

**Reviewer's code:** 02439987

**Reviewer's country:** Spain

**Science editor:** Jing Yu

**Date sent for review:** 2014-12-01 17:49

**Date reviewed:** 2015-02-01 06:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input 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

The manuscript is correctly designed and the results are interesting for clinical practice. Only two corrections are necessary (see Comments To Authors).

The manuscript is correctly designed and the results are interesting for clinical practice. Only two corrections are necessary.

1.- Should be revised description of the methodology. There is confusion in the description of the two groups (A and B):

### Methods:

...

The **intervention arm underwent the first colonoscopy with standard bowel cleansing**, followed by colonoscopy permitting irrigation by the use of the JetPrep cleansing system. The reverse sequence was used in the control arm.

... were assigned to the control group (Group A) and 34 to the intervention group (Group B)...

... Group B underwent cleansing with the JetPrep system in the first examination step....

## 2.- In table 5:

Withdrawal time of the second step in minutes	8.22 +/-2.25	760 +/-1.71	0.224 <sup>1</sup>
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Must be

Withdrawal time of the second step in minutes	8.22 +/-2.25	7.60 +/-1.71	0.224 <sup>1</sup>
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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15636

**Title:** Intraprocedural bowel cleansing with the JetPrep cleansing system improves adenoma detection

**Reviewer's code:** 02861605

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		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

See attached.

### General Comments

This is a well done, moderately sized study of 777 patients attempting to assess the palatability preferences of PEG based bowel preparations and whether patient beverage intake preference can predict their preferred bowel preparation. It is an important study in the current status of delivering quality health care of which bowel preparation plays an essential role in screening colonoscopy quality. It is novel in that it attempts to address whether patient preferences and demographic factors can predict preferred bowel prep; with a null result, though still of interest and importance. It is well thought out with a specific goal and a well-written and organized manuscript. Ethics related aspects of the manuscript are addressed.

### Specific Comments

MAJOR COMMENTS:

Certainly, null results are worth reporting and the result obtained may simply be because there simply was no association, which was opposite of what was predicted; however, it is worth considering in the discussion perhaps why the authors think they ended up with the results they did in regards to their primary outcome. There are certainly other limitations of the study not mentioned in the discussion (i.e. 85% of the patients were black, missing data as noted in Table 1, single center). Are these limitations the reason for the result? Is the study powered to detect a result? Is preference of beverage intake too unpredictable? Some sort of discussion addressing why the authors think they got the results they did, aside from simply that there was no association, is worth mentioning.

The conclusions of the study are that beverage intake pattern was not useful in guiding laxative preference; however, there have been very limited studies noting bowel preparation taste preferences, as noted by the authors in the discussion, and so including/focusing on the preferred bowel preparation results from this study is likely a worthwhile conclusion to report and focus on as the overall importance is to improve a quality colonoscopy exam which can potentially occur with a more palatable bowel prep.

#### MINOR COMMENTS:

It is often preferred for the title to reflect the major findings of the study, especially in this case where it is misleading as the title is "The association..." which is conveyed later in the abstract and body of the manuscript that there is in fact no relationship/association.

I recommend being as specific as possible in regards to the title, background of the abstract, and throughout the manuscript in regards to specific type of bowel preparation being examined. It's written, "We examined whether non-alcoholic beverage intake preference can guide bowel laxative preparation selection for patients." It is broad to state that the study looked to examine bowel laxative preparations in general as there are many different types and only PEG based preparations were used. I would thus be more specific and use *PEG-based* bowel preparations. This is especially important as sodium phosphate based preparations, which while are likely not prescribed or used as often as PEG-based bowel preps, were not included (Belsey et al. *Aliment Pharmacol Ther.* 2007 Feb 15;25(4):373-84).

The methods of the abstract and body should be more specific in regards to the primary outcome assessed. It is currently written that the "...outcomes are the number of 1<sup>st</sup> place ranking for each preparation." It would be more specific to say that this was the *primary* outcome assessed.

The first reference cited in the first sentence of the introduction is 2-4. There does not appear to be a reference 1 cited, which should appear first in the manuscript. It is also unnecessary to list 8 references in regards to colorectal cancer screening which is done in the first sentence of the manuscript introduction.



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There also need to be references added to some of the statements in the introduction. For example, "However, a substantial percentage of patients do not readily tolerate their bowel laxatives for colonoscopy" and "Inadequate bowel preparation wastes limited endoscopic resources in addition to patients' and providers' time and reduces the enthusiasm for repeat screening among patients."

Moviprep should have the city and state listed at its first mention in the manuscript. As should Colyte mentioned in the discussion.

Also, be consistent with how the preps are named in the paper with Moviprep named in the 1<sup>st</sup> paragraph of the results section and named as PEG with ascorbate in the 2<sup>ns</sup> paragraph. Would recommend being consistent.

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

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**Title:** Intraprocedural bowel cleansing with the JetPrep cleansing system improves adenoma detection

**Reviewer's code:** 02980552

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## COMMENTS TO AUTHORS

Results: The results are scarcely described. Are lacking a lot of useful information: a more complete description of anamnestic data of selected population along the different categories and the exposure time, Must I understand more the exposure, Please clarify.