

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13128

**Title:** Randomized trial of split-dose menthol-enhanced PEG versus PEG-Ascorbic acid for colonoscopy preparation

**Reviewer code:** 02451544

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-08 09:09

**Date reviewed:** 2014-08-24 21:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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

**General Comments** This manuscript is a generally well written single blind randomized study comparing menthol-enhanced PEG versus PEG-ascorbic acid for colonoscopy preparation. This is an excellent job of conveying its importance in regards to the necessity of an effective bowel preparation for a good colonoscopy exam, and the author's report is very specific and innovative. After carefully reading, I think it is good enough to be published in the WJG journal. The writing English language is also good. I agree it to be published.

**Specific Comments** Tables & Figures-1. Table 1 should have P values. 2. The tables and figures need some legends to be provided. 3. Table 1 better use three-line table.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13128

**Title:** Randomized trial of split-dose menthol-enhanced PEG versus PEG-Ascorbic acid for colonoscopy preparation

**Reviewer code:** 02861605

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-08 09:09

**Date reviewed:** 2014-08-13 02:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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 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

A Randomized Trial of Split-dose Menthol-Enhanced PEG versus PEG-Ascorbic Acid for Colonoscopy Preparation

*Manuscript Review*

#### General Comments

The authors have performed a well conducted single blind randomized study comparing menthol-enhanced PEG versus PEG-ascorbic acid for colonoscopy preparation. They've carried out an important study in the realm of colonoscopy bowel preparation and have done an excellent job of conveying its importance not only in regards to the necessity of an effective bowel preparation for a good colonoscopy exam, but the role palatability has in this respect and the implications of a poor exam including inappropriate surveillance exam intervals. The study is novel in that examination of two well-tolerated and effective bowel preparations have not been examined head-to-head previously, with findings that should have a significant impact in the future administration of an effective and tolerable bowel preparation. The manuscript is presented in a well-organized and easy to read manner; however, with some minor organizational changes/additions (see specific comments below) that should take place. The study appears to be ethically sound and has been approved by the authors' institutional review board.

### Specific Comments

Title – The title (and running title) accurately reflect the major topic and content of the study

Abstract – The abstract is clear and concise in describing the background, objectives, materials and methods, results, and conclusions conveying the important information in an easy to read manner. One clarification that should take place is in regards to the outcomes evaluated. In the abstract, palatability is listed as a primary outcome in the methods section, though in the methods section in the body of the manuscript, it is listed as a secondary outcome. It seems like the change should take place in the methods section of the manuscript body as palatability should be a primary outcome evaluated along with efficacy.

Introduction – The introduction touches on all of the significant points of why the study is important in a concise way. The last sentence of the introduction should be modified. It currently states, “In this study, we aim to compare the two best-reported modifications of the split-dose PEG preparation to-date...” That menthol-enhanced PEG is one of the best reported modifications of split-dose PEG is presumably the authors’ opinion as there are no references. To my knowledge the only other study on menthol-enhanced PEG was completed by the authors of the same group. With the knowledge of only one study using menthol enhanced PEG and lack of other supporting outside opinions, the opinion that menthol enhanced PEG is one of the two best reported PEG enhanced modifications is overstated and should be changed.

Materials & Methods – The methods and materials are clearly laid out and do an excellent job of describing their patient population including exclusions, randomization, data collection and outcome evaluation, as well as their statistical methods. This single-blind randomized study is well described and conducted with an appropriate power calculation and methodology to substantiate their findings and conclusions. There are a few minor recommended additions/modifications. A methods section heading is needed as only subheadings are listed. Under preparation instructions in the 2<sup>nd</sup> paragraph of the 1<sup>st</sup> sentence it should say, “...taken no earlier than 4 hours before the scheduled appointment...” As noted above in the abstract section, one clarification that should take place is in regards to the outcomes evaluated. In the abstract, palatability is listed as a primary outcome in the methods section, though in the methods section in the body of the manuscript, it is listed as a secondary outcome. It seems like the change should take place in the methods section of the manuscript body as palatability should be a primary outcome evaluated along with efficacy

Results – The results provided are appropriate for the conducted study based on the provided methods and materials. While this was a randomized study, biases are still possible and a couple not addressed should be if possible. First, while diet of the patient is difficult to control for, aside from dietary instructions, dietary indiscretion is often seen in clinical practice as contributing to

decreased quality colon cleansing. Similar to the evaluation of compliance with bowel preparation that took place, was there any questionnaire or survey to evaluate patient adherence to dietary instructions for colonoscopy preparation? Secondly, while the authors do a good job of evaluating other factors like BMI, age, and gender that could potentially be associated with inadequate preparation, was endoscopist a factor that potentially be a factor by univariate analysis associated with inadequate bowel preparation? A minor grammatical edit should take place in the results section of paragraph 2 in the 5<sup>th</sup> sentence, which should say, "Using a segmental score of 0-2 as indication of an adequate cleansing..." or "Using a segmental score of 0-2 indicating an adequate cleansing..."

Discussion – Overall, the discussion is well written in that it is well organized, describing appropriate conclusions and reasons supported by the literature for their findings in an appropriate length as well as study limitations like limitations inherent to the Ottawa scale.

Tables & Figures – The tables and figures are simple, reflect the major study findings, and are graphically depicted well though missing a few things. Table 1 should have P values. While it is mentioned in the results section that there were no differences between the groups in regards to patient characteristics, P values proving this should be provided in table 1. Providing P values would be helpful in Figures 1 and 2 to note where significant differences occurred between groups, as depicted by the bars. While a P value is provided for Figure 3, and it is clear from the results section (palatability of menthol-PEG vs AscPEG) what the P value applies to, it is unclear just from the figure what it applies to. Perhaps lines or arrows indicating the two bars which the P value applies to would be helpful or writing this in the legend. Lastly, there are no legends for the tables and figures are provided. While most things are assumed and likely known to most readers in regards to abbreviations, it is customary for tables and figures to be read as standalone depiction of the results, and thus abbreviations used in the tables and figures should be described in a legend.

References – Overall the references seem appropriate, relevant, and up to date. Reference 16 is supposed to support the statement in the introduction, "However, the unpalatable taste and large volume required for proper cleansing is the most commonly reported reason to avoid colonoscopy." This referenced article is titled, "A prospective, blinded assessment of the impact of preoperative staging on the management of rectal cancer." This reference gives no evidence to support this statement. While this statement seems somewhat common knowledge, there should be a proper reference, of which the current one does not suffice.

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

**ESPS manuscript NO:** 13128

**Title:** Randomized trial of split-dose menthol-enhanced PEG versus PEG-Ascorbic acid for colonoscopy preparation

**Reviewer code:** 02941324

**Science editor:** Ya-Juan Ma

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

## COMMENTS TO AUTHORS

Dear authors, the paper is fine, and the idea interesting. However, some points should be clarified:  
 1 - english should be improved 2 - is it possible to show data about the adenoma detection rate in the two groups? 3- why did you compare a 4 liter bowel lavage with a 2 liter bowel lavage? even if both are modification of normal preparation, comparing 2 L with 4 L may not be reliable best