

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31512

Title: Predictors for difficult cecal insertion in colonoscopy: the impact of obesity indices

Reviewer's code: 03473233

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2016-11-23 08:42

Date reviewed: 2016-12-05 16:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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 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

I read with interest the manuscript by Moon et al. The Authors retrospectively reviewed the data of patients who underwent colonoscopy at a single Endoscopy Unit and retrieved data about various obesity indices, as well as specific data about the exams. They found that female gender, a lower or higher BMI and a low VAT volume (in women) were associated with a prolonged cecal insertion time. Here are my concerns. Major 1. Even if I am not an expert of obesity indexes, I found convincing the explanation why VAT may be associated with BMI in men (who have more abdominal and visceral fat) but less in women (whose fat is mainly in the femoral and gluteal regions). It would be great if the Authors analysed this association in the study population. If they confirmed such association, then it would be plausible that, while in women BMI and VAT are not related each other and they both show an association with CIT, in men BMI could 'absorb' the association between VAT and CIT. This should be checked (for instance by comparing the OR between VAT and CIT in a multivariate analysis with and without BMI) and discussed. 2. BMI: the Authors put together patients who are overweight and obese (BMI>30). Did they check if these two subgroups are differently associated with CIT? I suggest to report this analysis - at least with a brief sentence in the text. 3. Discussion -

paragraph starting with "In previous studies, poor bowel...". The Authors cite a 'marginally' association between poor bowel preparation and prolonged CIT in the fellow group at univariate analysis. Please report the evidence produced at multivariate analysis instead of univariate analysis and discuss accordingly. 4. Conclusion. The Authors suggest that the results of their study could be useful 'for patient selection and increasing the completion rate of colonoscopy'. I don't agree with this conclusion. First, the outcome of the analysis is CIT, not completion rate. Moreover, as far as can be deduced from the reported data, colonoscopy was incomplete only in 9 patients out of 1717 (Figure 1). Second, as the measurement of VAT requires abdominal CT, are the Authors really suggesting that patients could undergo such exam in order to identify those who will potentially need a prolonged time for cecal intubation? My personal conviction is that the association between VAT and CIT is not strong enough to gain an operative significance. Nevertheless, I suggest to develop conclusions with some more specific hints about the possible utilisation of obesity indexes, that are the specific focus of the paper. 5. Table 2 -The column percentages are little informative (eg, 91.1% <65years, 8.9% >65 years). Please replace them with row percentages, in order to help the reader to compare at a glance CIT according to different characteristics of patients. Minor 1. Abstract: maybe the Authors confused HR with OR? Please correct. 2. Methods - Anthropometrics Measurements. Last line: drop a bracket before "0.95 for men"; replace WC with WHR 3. Results - Baseline characteristics. The first part of the sentence is superfluous. The Authors can directly report the result ("23.8% of participants..."). 4. Text and tables: two decimal places are enough and more readable than three for OR and 95%CI. 5. Table 1. Please add the number and % of cases aged < and > than 65 years 6. Table 2. I suggest to modify the title as follows: Cecal insertion time according to study variables, with Odd Ratios estimated by multivariate logistic regression analysis 7. Table 3. I suggest to modify the title as follows: Cecal insertion time according to study variables, by gender, with p-values estimated by univariate analysis 8. Suppl Table 1. I suggest to modify the title as follows: Cecal insertion time according to study variables, by experience of the endoscopist, with Odd Ratios estimated by multivariate logistic regression analysis

ESPS PEER-REVIEW REPORT

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ESPS manuscript NO: 31512

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Reviewer's code: 02917331

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<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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear authors, In this paper entitled "Predictors for difficult cecal insertion in colonoscopy: the impact of obesity indices" the authors attempted to evaluate factors which affect cecal insertion time. This study seems to contain novel aspects, however, statistical concerns are pointed out. Major comment, In Table 3 and Table 4, all statistical analyses are multiple testing. The bonferroni adjustments are applied for analyses. Minor comment, In Abstract, "hazard ratio [HR]" is miss-typed? "odds ratio [OR]" is correct?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting study about factors influencing the cecal intubation time. It adds to the literature on the subject, despite the fact that some findings were also previously reported by other studies. The window of normal BMI (between 23 and 25 kg/m²) is very narrow. For obese patients, I think that they should be further classified to overweight and obese to have more information regarding the role of obesity to cecal intubation time. It could be found, for example, that slightly overweight patients (BMI 26-27) have a similar intubation time to regular weight subjects. This is important because the proportion of patients being overweight is very high according to obesity studies. It is interesting that older age was a factor of difficulty for fellows but not for experienced endoscopists. Please comment on that. How about discomfort during the procedure? Is there any information on that regarding BMI? How could you explain that the waist circumference plays no role in cecal intubation time in both men and women? Page 9, last paragraph, please correct: with lower BMI was being associated with a difficult procedure Is there any information about the small number of cases who had a long procedure? Were there any additional factors for a prolonged procedure. That is important because it is different to have a 7 min, a 14 min and a 40 min insertion



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time for example. Please comment on that if possible.