

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32109

Title: One Year Experience With Computer-Assisted Propofol Sedation for Colonoscopy

Reviewer's code: 00724362

Reviewer's country: Sweden

Science editor: Ze-Mao Gong

Date sent for review: 2016-12-31 14:17

Date reviewed: 2017-01-03 17:44

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 checked="" 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"/> 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

This is very interesting and important topic and nicely written manuscript. It will be nice if the authors can provide some more information (or explanation) about technical characteristics of CAPS system and stuff needed for it: 1. Authors' statement: "The initial infusion rate is set by endoscopist." Question: Who is continuing? Nurse or endoscopist? 2. Authors' statement: "The endoscopist can also titrate the maintenance infusion rate upwards or downwards during the procedure" Question: Does it mean that endoscopist monitors and control CAPS the whole time? What is nurse doing? Do you need one or two nurses during the procedure? 3. Authors' statement: "CAPS system was approved by the FDA for ASA I and ASA II patients". The authors included also minor percent of patients with ASA III (and it is nicely explained). Question: Did you have some experiences with patients who suffer from chronic obstructive pulmonary disease (GOLD classification?), chronic heart failure (NYHA classification?) or morbid obesity? In conclusion; despite of several limitations, that were correctly described at the end of discussion, this is very interesting study that can help the endoscopist to improve everyday clinical practice. It will be also nice to read first experiences of NAPCIS method in the future. Best regards!

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32109

Title: One Year Experience With Computer-Assisted Propofol Sedation for Colonoscopy

Reviewer's code: 02439927

Reviewer's country: South Korea

Science editor: Ze-Mao Gong

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Date reviewed: 2017-01-12 11:45

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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
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		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1. In Table 1, Mean procedure time looked like similar in both CAPS and MF group (22.2 +/- 10.5 vs. 22.8 +/- 9.3), but the P value was < 0.001. Were there any differences in the maximum time and minimum time? Please comment why there were significant differences in mean procedure time in the discussion.