

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 79402

Title: Quality of colonoscopy performed by medical or surgical specialists and trainees in five Australian hospitals

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06269601

Position: Peer Reviewer

Academic degree: PhD

Professional title: Academic Editor, Academic Research, Adjunct Professor, Intermediate Editor, Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Australia

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-19 11:13

Reviewer performed review: 2022-08-22 12:48

Review time: 3 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection

Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

General Comments This article brings important data for the medical context. However, the title and introduction provide opposite ideas. The main focus of the study was the CRC, but colonoscopy can be used for several purposes. The scientific language can be improved in some sentences. Some criteria were not explained, and further details on the quality analysis are required. Lastly, the explanations for the low sample size are weak, reducing the quality of this report. I do recommend well-elaborated figures explaining the methods.

Specific Comments

Introduction

First paragraph – CRC was extensively used.

Second paragraph – The first sentence is long. “However, as these outcomes reflect the private practice of specialists, they do not necessarily provide a fair reflection of the work performed within the public sector.” The message is not clear here. “However, assessment of performance data from the public sector is limited to a handful of single-centre studies”. Change “the public sector” to “this section”. You have just used “public sector” in the previous sentence. Overall, there is too much emphasis on CRC. What about other intestinal diseases or even routine medical checks?

Method “Patients younger than 18 years were also excluded”. It is not clear why younger patients were excluded.

Third paragraph – the acronym CRC was again inserted. “We examined the records of each patient for a history of colorectal cancer (CRC), prior colonic resection, and inflammatory bowel disease (IBD)” This criterion can be a problem and is contrary to the title. Why colonoscopy recommended for other purposes were not included? It is not clear which authors, along with their experience in this procedure, participated in the quality analysis. If the mentioned scales



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require previous experience in the procedures, then it is important to describe which authors and their expertise in the issue participated in the quality analysis. “Eligible procedures were defined by age of 50 and above” Again explain the criterion for age. Results “Cancer was detected in 4.1% (n=15) and 3.3% (n=32) respectively”. It is not clear what this means. The same is transposed to the entire paragraph. Both N and % are being referred to what? Procedures performed by trainees vs specialists? This section requires improvements. Most sentences are limited to the sample characterization. The main issue of this study is the colonoscopy quality. Discussion “While we would anticipate that increasing the sample size for the two sites would show satisfactory performances in the two outstanding areas, this would require additional data beyond the original timeframe”. This explanation is weak. What is the problem to obtain additional data beyond the original timeframe? “Although this problem could be resolved with increased sample sizes, the significant resource burden of this approach may not be practical.” My previous comment can be inserted here. Limitations “we would argue that the adjustments allow the metrics to reflect the aspects of practical interest more accurately” I do not disagree with it, but your title and introduction are misleading, so.

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Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Serbia

Author's Country/Territory: Australia

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-21 20:41

Reviewer performed review: 2022-08-30 21:26

Review time: 9 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Dear Authors, your article „Quality of colonoscopy performed by medical or surgical specialists and trainees in five Australian hospitals“ has a very interesting background and idea, in spite the fact that only a quarter of colonoscopies in Australia are performed in the public health sector. One of the analyzed metrics is the role of trainees and their influence on the quality of colonoscopy. Primary specialty is an important factor for quality of colonoscopy, reported in meta analysis not only in your study, but you have not reported primary education of trainees-surgical or medical ? In discussion you analysed all limitations of the study which are numerous, and suggested how to resolve it. This study is retrospective and analyzed performance of small numbers of colonoscopies in five hospitals during a short period of time. Your manuscript is well organized, well written, with discussion which highlighted all disadvantages of the study.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript submission date: 2022-08-19

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2022-09-20 13:50

Reviewer performed review: 2022-09-23 14:00

Review time: 3 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

The authors devoted great efforts to answering all my comments. The manuscript has improved substantially; congratulations to the authors.

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Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2022-09-21 11:25

Reviewer performed review: 2022-09-24 21:45

Review time: 3 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for response and corrections.