



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 87725

**Title:** Bowel preparation protocol for hospitalized patients ages 50 years or older: A randomized controlled trial

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03262675

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Sweden

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-08-26

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-10-09 06:12

**Reviewer performed review:** 2023-10-17 12:44

**Review time:** 8 Days and 6 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

This manuscript describes a single centre single blinded randomised controlled trial regarding bowel preparation before colonoscopy among hospitalised patients. The study is powered for and include a subgroups evaluation of patients aged 75 years and above. Treatment allocation groups are standard bowel preparation compared to a regimen with half the amount of poyethylenglycol but with the addition of a specific diet and lactulose. The manuscript is generally well written, and the study methodology adheres to modern standards. Preparation of the manuscript follows the Consort protocol. Outcome data from the study are encouraging revealing several advantages for the patient by us of the “experimental” intervention. I have however a few suggestions that hopefully will further improve the manuscript: 1. Please provide a more detailed description of the randomisation process. 2. The randomisation process resulted in a somewhat surprising imbalance between the two treatment allocations. Please explain why in the Discussion section. 3. The “experimental” treatment allocation resulted in an almost 10% (the effect limit for the entire study group) difference for the main outcome variable among the most vulnerable patients - the right colon among those



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aged 75 years and above. Please problematise this finding further in the Discussion section. 4. In many western countries I assume a varying proportion of the included patients would have been treated as outpatient cases. Please add some comments regarding applicability for the “experimental” regimen.