

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22917

Title: A prospective study of efficiency/patient experience with anaesthesiologist assisted sedation for colonoscopy

Reviewer's code: 03441951

Reviewer's country: Denmark

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-02 16:23

Date reviewed: 2015-10-04 21:55

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

COMMENTS TO AUTHORS

This prospective non-randomized single-center study aims at evaluating the performance of anaesthesiologist-administered propofol sedation (AAP) versus endoscopist-administered conventional sedation (EAC). The overall findings suggest that total room time is increased with AAP although associated with less pain as perceived by the patient. The study is interesting and contributes to the ongoing discussion on the mode and delivery of sedation for colonoscopy. I do however have a few questions and comments: 1. Who decided on whether the patient received an AAP-colonoscopy or an EAC-colonoscopy? Was it purely a choice by the patient? Did comorbidities have a say in it? 2. On your multivariate analyses, what did you adjust for? It is not clear to me from the statistical methods section. 3. Many other aspects potentially affecting procedure-related pain and tolerance, intubation rates and total time are not accounted for at baseline, e.g. cap-assistance for the colonoscopies (1), magnetic endoscopic imaging devices (2), anti-spasmodic medication (3). This limitation deserves mentioning in the discussion if the raw data is impossible to collect. 4. Who made the phone calls to the patients? The endoscopist, a nurse, a third person? This

might have implications to the validity of the answers. 5. How did you define cecal intubation? By identification of the ileocecal valve, the appendiceal orifice, ileal intubation? 6. Relatively few patients responded to the questionnaires. Do you have any information on the characteristics of these patients? Age, gender, BMI, etc.? 7. In Table 2, you report that there were two adverse events in the AAP group (1.6%) and 0 in the EAC group (0%) with a corresponding p-value of < 0.001 . Running a Fishers exact I find a two-sided p-value of 0.5. Please explain this discrepancy. I enjoyed reading the manuscript and look forward to receiving a revised manuscript, considering the abovementioned enquiries. References: 1.Ng SC et al. The Efficacy of Cap-Assisted Colonoscopy in Polyp Detection and Cecal Intubation: A Meta-Analysis of Randomized Controlled Trials. *Am J Gastroenterol* 2012;107:1165-1173. 2.Mark-Christensen A et al. Magnetic endoscopic imaging as an adjuvant to elective colonoscopy: a systematic review and meta-analysis of randomized controlled trials. *Endoscopy* 2015;47(3):251-61. 3. Marshall JB et al. Benefit of intravenous antispasmodic (hyoscyamine sulfate) as premedication for colonoscopy. *Gastrointest Endosc* 1999;49(6):720-6.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22917

Title: A prospective study of efficiency/patient experience with anaesthesiologist assisted sedation for colonoscopy

Reviewer's code: 03270846

Reviewer's country: Turkey

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

COMMENTS TO AUTHORS

This study includes different and interesting findings about sedation for colonoscopy procedure. The study results show that AAP is associated with less pain but total procedure room time is increased. In the study, there are some points that need to be explained. In the section of "Materials and Methods", sample selection and data collection must be extended. For example, the following knowledge can be added to the section; *sample selection, number of the participants quitting the study, number of the participants that is not available post procedure. *verbal/written consent from the participants, *the number of gastroenterologists participating to the procedure, *differences in the pre-procedure and procedure duration(bowel preperation, sedation modalities, deciding process to the patient receive propofol sedation or conventional sedation), *patient satisfaction status at the first 24 hours after the procedure(if you have evaluated), *rate of the telephone survey 48. hours post procedure and rate of the 72. hours post procedure, *evaluating patient satisfaction in different hours(48. Hours and 72. hours) might have limitations to the interpretation of the study results. In the "Results" section; reduce the number of tables. If you give all findings in the text you can exclude the



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related table(s). For example table 2. In the text, you must give tables only in a form. Using in different styles (Table 2 and Table II) will reduce the readability of the paper. In the appendix, patient satisfaction survey is defined (24-72 hours) post procedure in the title. This will create a complexity. I think you can exclude the appendix because the survey questions are given in the table 5. The section of "Discussion" must be extended according to the results. Some of the findings have remained raw data. You must interpret all important findings that are presented in the results. This manuscript includes important results on a controversial issue about colonoscopy sedation procedure. It was a great pleasure to examine your manuscript. After completing the revisions, I think it will be even better.