BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy
ESPS manuscript NO: 27785
Title: Does Deep Sedation with Propofol Affect Adenoma Detection Rates in Average Risk Screening Colonoscopy Exams?
Reviewer's code: 03254355
Reviewer's country: Canada
Science editor: Jing Yu
Date sent for review: 2016-06-22 09:03
Date reviewed: 2016-07-01 01:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a retrospective study looking at a single institution's experience with colonoscopy using deep sedation with propofol or moderate sedation, and its impact on adenoma detection rate and other colonoscopy metrics such as completion rate, insertion time, and withdrawal time. The findings are not necessarily novel, but do aim to address some limitations in the existing literature on this topic (including a population that is more homogeneous with respect to average-risk screening as the indication). There are some issues that need to be addressed. Issues: Methods: Some explanation is required of why the authors excluded from the study, endoscopists who did less than 20 procedures over the 3 year study period. Why exclude anyone (why not include everyone and then study differences in providers)? What is the rationale for 20 cases as the threshold for exclusion? Were patients with prior colonoscopies excluded? This isn't obvious from the methods but does seem to be the case in the Results. If so, why? I understand why the authors might want to exclude patients who have had previous polypectomies, but why exclude patients who have had previous normal scopes? Similar to this, can the authors be sure that the patients have not had a previous

scope outside of the study institution? There are some data that right-sided lesions might be different than left-sided ones, etc. I think it would be useful to also do a stratified analysis by right vs. left-sided lesions (as the authors have done with male vs. female). The paper uses an almost ecological-level analysis to examine differences by provider (ie. Pearson correlation of %TIVA vs. %ADR). There are other provider-level analyses that are worth considering. For example, young vs. more experienced providers, low-volume vs. high-volume endoscopists, analyzing all providers individually, etc. The authors make the point several times that this study reflects current average-risk screening practice in the US. Is that true? The female to male proportion is about 1.8:1, which seems skewed. Also, the ADR rate is much higher than normally seen, which brings up the question of whether these patients are really average risk? Overall, the Discussion section is too long in relation to the study findings. Discussion, page 12, first paragraph, last sentence. Is #12 the correct reference? Should it be ref #11? The authors can't dismiss an RCT so easily, implying that this retrospective review is a better study. The authors are presenting a study on effectiveness of 2 interventions…the RCT is a better study design to answer the question, even if it doesn't "reflect clinical practice". Related to the previous point on refleting current clinical practice, the authors mention that other studies on deep sedation didn't use propofol and therefore, this study is more relevant because it studies the use of propofol. I would challenge this statement. Is there a biological reason why deep sedation with propofol would be different than deep sedation with a different drug in terms of the outcomes being examined? If not, I don't think the authors can dismiss the other studies in the literature as less relevant on these grounds. Discussion, page 14, second last paragraph, last sentence "It is possible that groups with more modest ADRs under moderate sedation may see significant benefit with use of propofol.": There is no evidence presented to back up this statement. In the Discussion, I would suggest a more robust Limitations section. For example, the inability to account for unmeasured confounders and selection bias are just 2 additional limitations. For example, with respect to selection bias, what if propofol was used in more difficult patients (not just by BMI and age) and this led to more complete colonoscopies and greater polyp detection than would have been possible with moderate sedation? This would bias towards the null, which is what was found in the study.

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy
ESPS manuscript NO: 27785
Title: Does Deep Sedation with Propofol Affect Adenoma Detection Rates in Average Risk Screening Colonoscopy Exams?
Reviewer's code: 03647598
Reviewer's country: Sweden
Science editor: Jing Yu
Date sent for review: 2016-06-22 09:03
Date reviewed: 2016-07-05 16:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

There are some issues that need to be addressed. The colonoscopy's quality is dependent on bowels cleansing quality and the authors did not describe. The bowel preparation are individual and can have impact on ADR. I wondering also is there a reason why deep sedation with propofol would be different than deep sedation with a different drug in terms of the outcomes being examined. I need more explanation. This study have more limitation than presented and I would suggest a more strong limitations section.The authors should specifically state that they are discussing study limitations. Each limitation should be clearly acknowledged and then justified. For example is this study design appropriate to answer the question?