

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 28184

Title: Efficacy of small-volume simethicone given at least 30 minutes before gastroscopy

Reviewer's code: 03646555

Reviewer's country: Australia

Science editor: Yuan Qi

Date sent for review: 2016-06-28 17:14

Date reviewed: 2016-07-01 02:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

To the authors: Many outstanding errors need to be rectified. However I would be happy for this article to be published if these errors are satisfactorily corrected. As most of these errors are minor, I hope that this process will not be very onerous for the authors. GRAMMATICAL ERRORS 1. In abstract: "surgical resection to the upper gastrointestinal tract" should read "surgical resection of the upper gastrointestinal tract" 2. In third paragraph of introduction: "over the counter" should be "over-the-counter" 3. In third paragraph of introduction: "scope elderly patients" should be "perform endoscopy on elderly patients" (scope is not an appropriate verb in medical terminology) 4. Patient selection paragraph: "Patients who were incarcerated, had prior history of surgical resection to the esophagus, stomach, or duodenum, had known hypersensitivity to simethicone, or required gastroscopy for urgent indications such as suspected gastrointestinal bleeding, were all excluded from the study" should read "Patients who were incarcerated; had prior history of surgical resection of the esophagus, stomach, or duodenum; had known hypersensitivity to simethicone; or required gastroscopy for urgent indications such as suspected gastrointestinal bleeding were all excluded from the study" 5. Study design paragraph: "After the endoscopist has completed an



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adequate inspection of the mucosal surfaces, the endoscopist withdraws the tip of the gastroscopy up to the gastroesophageal junction and the research coordinator notes the time. The procedure time is defined" should read "After the endoscopist completed an adequate inspection of the mucosal surfaces, the endoscopist withdrew the tip of the gastroscopy up to the gastroesophageal junction and the research coordinator noted the time. The procedure time was defined" 6. Study design paragraph: "After this, the endoscopist will advance the gastroscope back into the stomach and proceed to do any interventions deemed necessary such as biopsies of detected lesions" should read "After this, the endoscopist advanced the gastroscope back into the stomach and proceeded to do any interventions deemed necessary such as biopsies of detected lesions" 7. Endoscopic scoring system of mucosal visibility paragraph: "the endoscopists will evaluate and note the McNally" should read "the endoscopists evaluated and noted the McNally" 8. In Discussion paragraph, "which is compared against a placebo using the McNally scoring method" should read "which was compared against a placebo using the McNally scoring method" 9. Discussion first paragraph, "their 100ml solution consisted of mucolytic and anti-foaming agent resulted in the best mucosal visibility scores" should read "their 100ml solution consisting of mucolytic and anti-foaming agent resulted in the best mucosal visibility scores" 10. In Discussion first paragraph: "This is turn, resulted in a significantly shorter procedure time" should read "This, in turn, resulted in a significantly shorter procedure time" 11. Final sentence of discussion: "such volumes are routinely used as modified water swallowing test" should read "such volumes are routinely used as modified water swallowing tests" 12. Figure 4: the word "simethicone" needs to be capitalised MORE EVIDENCE NEEDED IN CERTAIN AREAS 1. Third paragraph of introduction: "Singapore has an aging population"- this paper would be improved with a reference showing evidence of this. 2. Discussion first paragraph :You have stated "There was also significantly lower volume of additional flushes required during gastroscopy if simethicone was given. This in turn, resulted in a significantly shorter procedure time for mucosal inspection". Whilt it seems intuitive, you have not proven any statistical correlation between these two outcomes. Could you provide this (perhaps a scatterplot graph with flush volume on the x axis and procedure time on the y axis, with a r-squared



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Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS manuscript NO: 28184

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" 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 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

Dear Editor, Authors Thank you for sending the paper entitled "Efficacy of small-volume simethicone given at least 30 minutes before gastroscopy "for revision - It is a good practical idea - I think the importance of search could be more applicable if the study done for enteroscopy not upper endoscopy. - The paper is well written, well organised . - Minor language correction needed. Thanks



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ESPS PEER-REVIEW REPORT

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
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COMMENTS TO AUTHORS

This is an interesting article on an interesting topic it can accepted.

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Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

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COMMENTS TO AUTHORS

This manuscript by Dr. Song et al evaluated the efficacy of a low volume (5mls) simethicone solution compared to a placebo by TMVS, showing that a low volume of simethicone solution with adequate premedication time was still effective in terms of mucosal visibility. The overall structure of this manuscript is basically complete, and preliminarily answers the scientific question about the efficacy of low-volume defoaming agent for the preparation of gastroscopy examination. This RCT research was a randomized, placebo-controlled, endoscopist-blinded study, and the source of the data presented was basically reliable. And the results showed some obvious improvement in TMVS in the low-volume simethicone group. From these findings, the authors came to the conclusion that with a premedication time of at least 30 min, 5mls simethicone can significantly decrease gastric foam, decrease the volume of additional flushed and shorten the examination time. This research was based on some recent and relevant researches, and its design was similar to that of those researches. In all, this clinical research may provide more information on personalized preparation plan before gastroscopy examination since such a small volume is more suitable for patients with swallowing difficulties and the formulation has excellent patient compliance with no adverse effects. The title of



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the manuscript contains key words and could attract our attention, and the main topic falls within the scope of this magazine. The language of this manuscript reaches the standard of publishing. I think the paper contains some interesting observations and great application value but there are a few points for author's clarifications: 1. According to the CONSORT statement for RCT, a table showing baseline demographic and clinical characteristics for each group is necessary. In table 1, the authors only listed and compared age, gender and mean premedication time which seems not concrete and comprehensive enough, and I think it would be nice to take some more factors into consideration such as cause of endoscopy. 2. It would be better for the authors to give more details about the methods of patients collecting and randomizing. 3. In table 2, the result showed simethicone premedication did not significantly improve mucosal visibility score of the esophagus, since esophagus is an essential site for gastroscopy examination, it would be better to give some explanation and solutions for this phenomenon. 4. In the result, since the authors had calculate mean score of each region, it would be nice to give more data about volume of additional water flushed required and time of examination for each of them, this could enrich the result and give readers more information.