

ANSWERING REVIEWERS



November 12, 2018

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 42734-edited.doc).

Title: Efficacy of 0.5-L vs. 1-L of polyethylene glycol plus ascorbic acid as an additional bowel cleansing method for inadequate bowel preparation

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Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 42734

Thank you very much for your kind comments.

We tried to revise the manuscript as much as possible according to the suggestions made by the reviewers, and enclosed revision detail and revised manuscript.

We hope all these revisions will be satisfactory.

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Answers to Reviewer No. 03535487

The topic is very important for the gastroenterologists who perform colonoscopy. The work is well done and written with clear conclusions.

(1) My advice is to specify better which was the motivation to perform the colonoscopy, if the colonoscopy was made to control inflammatory IBD, follow-up after colorectal carcinoma resection, screening or prevention after positive bland stool examination.

Answer) We agree with your precious advice. As described in "Study design and patients" of MATERIALS AND METHODS section, we enrolled patients who came for health screening colonoscopy, and we did not investigate further patients' motivation to perform the colonoscopy. However, as described in exclusion criteria, we excluded the patients with history of colorectal surgery or inflammatory bowel disease. We hope for your generous understanding.

(2) About the limitation of the study, it should be addressed the correlation of the last rectal effluent based on the type of diet (+/- rich in vegetables) and body Surface area.

Answer) The aim of our study was to compare the efficacies of 0.5-L and 1-L PEG+Asc as additional bowel cleansing methods for inadequate bowel preparation as expected by last stool rectal effluent. Therefore, we did not analyze the risk factor of inadequate bowel preparation or correlation of the last rectal effluent based on the type of diet and body surface area. In addition, as described in the end of "Discussion" section, the number of patients including was relatively small, and thus, it was difficult to perform further analysis. As your intellectual comments, this is one of the limitations of this study. However, dietary compliance before colonoscopy and BMI were not significantly different in the 0.5-L

and 1-L groups. Please consider the purpose and the size of our research. We hope your generosity.

(3) Clearly the satisfaction to receive 0.5 L should be correlated also with the rectal volume capacity that could be measured with contrast enema or CT scan. My advice for the next study is to calculate the satisfaction based on the ratio rectal volume/amount of medium.


Answer) Thank you for your thoughtful advice. In this study, we compared the efficacies of 0.5-L and 1-L PEG+Asc as additional oral preparation formula. Therefore, we did not measure the rectal volume capacity with contrast enema or CT scan. In the next study, as your intellectual comments, we will surely calculate the satisfaction based on the ratio rectal volume/amount of medium

(4) The English Language should be revised.

Answer) We have made further proofreading and English language editing, and uploaded 2nd English editing certification.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*

Sincerely yours,



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