

November 11, 2020

Dear Editor and Reviewer,

We would like to resubmit our revised manuscript (58263-edited). We would like to thank you and the reviewer for the insightful and helpful comments. We believe these suggested changes significantly enhanced the quality of our manuscript.

Title: Split-dose versus same-day bowel preparation for afternoon colonoscopies: A meta-analysis of randomized controlled trials

Authors:

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Name of Journal: *World Journal of Meta-analysis*

Manuscript #: 58263

The manuscript has been improved by suggestions and comments by the reviewers and editor.

Editor: Good ideas. All the changes that were suggestive have been made as follows.

(1) The “Author Contributions” section is missing. Please provide the author contributions.

The Author Contributions have been added.

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

The figures have been placed in Powerpoint.

(3) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.

The Article Highlights have been added to the appropriate location.

Reviewer #1:

Specific Comments to Authors: Easy and efficacious bowel preparation for colonoscopy has been a challenge to patients as well as colonoscopists in practice. Cleansing efficacy is basically important, but now patient's willing to repeat and satisfaction is important as well. In term of patient's satisfaction, for example, morning colonoscopy is preferable in our country because

most patients do not like skipping their meals because fasting time is longer. In addition, another problem is insomnia. SaD bowel preparation has an advantage over SpD because patients can reduce hardship at least on the day before procedure. Therefore, your study about afternoon colonoscopy and same day bowel preparation is one of the most interesting concern of colonoscopists. As you mentioned, minimizing heterogeneity is most important in this study because there are so many confounding factors annoying us such as volume or kind of bowel preparation and patient factor like underlying disease of patients (constipation, diabetes, neurologic diseases, etc). Although your study can not reduce all confounding biases, I think your study is unique and valuable because you tried to minimize heterogeneity and it is informative and comprehensible. The number of study included in subgroup analysis is small but it is likely to be inevitable. If you show more subgroup analysis including patient factors, it will be better. Thank you

Thanks for the comments. Great idea. Given we are limited in the subgroup analysis to the data in published studies, we are unable to reduce data to specific patient factors. We think that this would be beneficial for future studies.

Thank you for considering our manuscript for publication in your journal.

Sincerely,

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