Author's response to reviews

Title: Comparison of Morning versus Afternoon Cecal Intubation Rates

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Author's response to reviews: see over
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Dr Annabel Phillips  
Senior Assistant Editor  
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Dear Dr. Annabel Phillips,

On behalf of the co-authors, I am pleased to with your interest in our manuscript, and I will respond to your insightful comments in a line-by-line fashion.

Reviewer #1

The authors should incorporate the article by Sanaka et al. instead of the abstract (reference 17), which has been previously published in the Am J Gastroenterol. in 12/2006.

We have revised the manuscript to include that reference which was recently published as you have indicated.

Reviewer #2

1. Presence of diverticulosis has been shown to be associated with lower completion rates. Data on this is not mentioned in your paper. Have you controlled for this variable in the logistic regression analysis?

Thank you for this observation. Diverticulosis has been found to significantly impact cecal intubation rates in some studies (Dafnis G.  Dig Liver Dis 2005;37:113-118 – OR for completion of 0.79 [0.62 - 0.99 95% CI] but not in others, including the Sanaka paper in which more patients in the morning group had diverticulosis, which was the group with a higher cecal intubation rate. For the purposes of this study, this variable is not as reliable as the other variables in our electronic database. To explain further, this finding can be entered into reports without being entered into a searchable field. Therefore, it seemed better to omit it than to identify information that may not be 100% accurate.

2. What criteria were used to define if the cecum was reached?

We consider the cecum to have been reached when the typical landmarks (appendiceal orifice and ileocecal valve) can be identified, and this is routinely documented with photographs. For this study, it was ultimately left to the...
individual endoscopist completing the procedure report to determine whether the examination was complete or incomplete based upon these guidelines.

3. You mention that the endoscopist is a variable in the analysis. How do you characterize the skill of the endoscopist? Number of colonoscopies performed? Number of years as an endoscopist? I think this should be stated in the methods paragraph. This may influence the results of the study.

We did not separate endoscopists by any of these characteristics, but rather examined for any significant differences in cecal intubation rates among endoscopists who performed more than 50 procedures during this study. I have included some additional information in the methods and results sections regarding this.

4. Results, paragraph 2: “were observed in 94.5% of patients in the AM group versus 90.2% in 9.8% in the PM group………” This should be: “were observed in 94.5% of patients in the AM group versus 90.2% in the PM group………”

Thank you for this observation. It is corrected in the revised manuscript.

5. As the authors point out themselves in 63% of the incomplete examinations the reason for an incomplete examination is not stated. Thus in 211 colonoscopies the reason for incompletion is unknown. It would have been interesting to know why the cecum was not reached.

I agree that this is an unfortunate limitation of the study. We have tried to reinforce the importance of this documentation within our own division. In the minority of cases that we did have this information on, poor prep and patient intolerance where by far the most common entries, but it is not possible to draw any conclusions due to the limited data.

Thank you again for your interest. I have uploaded a revised manuscript to address these comments as indicated above.

Sincerely,

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