Author's response to reviews

Title: Use of an Electromagnetic Colonoscope to Assess Maneuvers Associated with Cecal Intubation

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Author's response to reviews:

Dear Ms. Rajabi and Editor,

Thank you, the reviewers of BMC Gastroenterology, and your Editorial Board Member for your thoughtful and very helpful review of our manuscript 1402641335220443 “Use of an Electromagnetic Colonoscope to Assess Maneuvers Associated with Cecal Intubation”. The input we have received from BMC Gastroenterology has been greatly appreciated and we have incorporated the excellent suggestion into a revised manuscript. We believe our contribution has been significantly improved and is a meritorious manuscript worthy of publication in BMC Gastroenterology.

What follows is a point by point reply to every comment we have received and a clean copy of the revised manuscript. Thank you for your timely reconsideration of our manuscript.

Sincerely,

RIH

Reviewer 1

Point 1: A clear statement of the study aim was added. A clear statement of the methods used to accomplish the methods was added. The study design was chosen to accomplish the simple objectives desired, to understand endoscopic
techniques and maneuvers associated with colonoscopy using an electromagnetic colonoscopy. This project began as an evaluation trial of a device that was novel to our endoscopy unit, and a more elaborate study design would have been chosen if a more sophisticated question was posed.

Point 2: Information was added as to how patients were selected for this trial.

Point 3: Information was added about the choice of endoscope and the maneuvers applied.

Point 4: We are grateful for the identification of the additional references for inclusion. In particular, the new and critical Hoff reference was not picked up on our Medline search. The discussion and conclusions were changed to include this important contribution to the field.

Point 5: Information was added about the use of the technique of stiffening.

Point 6: This study design was an experiential case series, not a comparative group intervention one which makes a statistical analysis less relevant to the observations described.

Point 7: The conclusion was revised to align with the newly added and clarified study aim.

Reviewer 2:

Point 1: The methods section in question was clarified.

Point 2: The results section in question was clarified.

Point 3: The background section was revised, clarified and readability improved with information shifted to the methods section.

Point 4: The results section in question was clarified by elaboration in the methods section.

Point 5: The results section in question was clarified by elaboration in the methods section.
Point 6: We respectfully disagree with the suggestion to truncate the conclusion and believe that the length of the conclusion is helpful to the reader.

Point 7: The reference section has been augmented and cleaned up editorially.

Point 8: We respectfully disagree with the suggestion that Figure 2 is unnecessary. We believe the photographs of electromagnetic colonoscope images coupled with colonoscopic views are exceptionally valuable. Very few images like these are available in the world’s literature, and the ability to include images like these with the manuscript is a very strong reason for publishing this manuscript in an internet journal.

Editorial Board Member Concerns:

Point 1: This study was not in any way designed to compare electromagnetic colonoscopy with standard colonoscopy. Rather, the study was designed to understand what happens during colonoscopy when it is necessary to stiffen the colonoscope, change patient positioning or apply abdominal pressure to advance the instrument. Using an instrument that allows imaging of the instrument shaft without fluoroscopy, the electromagnetic colonoscope, to explore these techniques and maneuvers is the focus of the study.

Point 2: This study does not deal with the economics of colonoscope choice. Very few electromagnetic colonoscopes are in use worldwide, and few if any have actually been purchased for routine clinical use. The purchase price might be 5 times that of a standard colonoscope. Price, however, is largely irrelevant as almost all use is by academic centers with donated or loaned equipment who are studying the instrument in various ways. While comments about this could be added, they are outside the scope of the investigation beyond the clear statement that our study was done with loaned equipment.