Author’s response to reviews

Title: Ileal intubation is not associated with higher detection rate of right-sided conventional adenomas and serrated polyps compared to cecal intubation after adjustment for overall adenoma detection rate

Authors:

Martin Buerger (martin.buerger@uk-koeln.de)
Philipp Kasper (philipp.kasper@uk-koeln.de)
Gabriel Allo (gabriel.allo@uk-koeln.de)
Johannes Gillessen (johannes.gillessen@uk-koeln.de)
Christoph Schramm (christoph.schramm@uk-koeln.de)

Version: 1 Date: 01 Sep 2019

Author’s response to reviews:

Reviewer 1:

Continuous improvement in the quality of colonoscopic examination, expressed in ADR, PDR, CIT and CIR, requires research that determines the factors affecting the above indicators. The endoscopist’s experience, the withdrawal times and the quality of bowel preparation for colonoscopy are essential. Due to the lack of data, these important parameters were not included in the work. It is suspected that more experienced endoscopes also had higher ADR (> 25) and probably they were more likely to intubate the ileum. Is all patients required intubation of the ileum during colonoscopy? Probably part of the endoscopists ended the examination after intubation of the caecum because there was no obligation to assess the ileum. Interesting is the dependence of intubation of the small intestine on the ADR level of endoscopists. The assessment of the quality of bowel cleansing for the exam is poor, because it refers to the entire colon, not to its proximal part, which is usually less well prepared.

Taking into account my doubts, I believe that the research has been well carried out and the conclusions are correct.

Response 1: Endoscopists’ experience was reported in the method section (page 6, line 7-8). Since all endoscopists included in our study were classified as experienced outcomes were not adjusted for endoscopists’ experience. Therefore, we did not assume that more experienced endoscopists would also have higher detection rates and higher ileal intubation rates.

Response 2: We replenish the method section with the information that there was no obligation for endoscopists to intubate the terminal ileum during colonoscopy (page 6, line 9-10).
Response 3: We replenish the method section with the information that the quality of bowel preparation for the entire colon was retrospectively evaluated on the basis of the endoscopy report and classified into adequate (excellent, good, fair) and poor (page 6, line 16) and the discussion with the information that quality of bowel preparation was assessed for the entire colon without separate assessment of bowel preparation in the proximal colon (page 12, line 5-6).

Reviewer 2:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?

Yes - there is a clear objective

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?

No - there are minor issues

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?

No - there are minor issues

STATISTICS - Is the use of statistics in the manuscript appropriate?

Yes - appropriate statistical analyses have been used in the study

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?

No - there are minor issues

OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?

Probably - with minor revisions

PEER REVIEWER COMMENTS:
GENERAL COMMENTS:

This study sets out to investigate whether ileal intubation is associated with higher detection rate of right-sided conventional adenomas and serrated polyps compared with cecal intubation after adjustment for some influencing factors. The paper is well written and referenced, with a clear objective and analysis. As highlighted in the limitations, some potential important influencing factors are not accounted for in the analysis, and I think this weakens the strength of the firm conclusion currently provided.

REQUESTED REVISIONS:

The study is largely clear, however two questions/comments for the authors:

1) Some more detail on the retrospective identification of cases included is warranted in order to understand the validity of these. Was this a prospective case database? Clinical or administrative? etc

2) There is little discussion of the limitations at the end of the discussion, particularly the potential impact of these on the findings presented e.g. discuss how withdrawal time may influence the findings presented (I note photo documentation already discussed earlier). My understanding is that both can have a significant impact on detection rate. Therefore the omission of these from adjustment may have a material impact on the results presented. I believe this means that the current conclusion over-states the certainty of which it is currently stated "Ileal intubation does not provide any benefit...".

Response 1: We emphasize that data were collected from prospective endoscopy databases (page 6, line 2-3).

Response 2: We incorporated the suggestions of reviewer 2 in the section discussion (page 12, lines 1-11). We weakened our conclusion due to study limitations in sections abstract (page 3, line 20) and conclusion (page 13, lines 2-4).

Editor

Declaration page added to the manuscript (page 2)