Reviewer's report

Title: Development of videoendoscopic swallowing provocation test: a cross-sectional study.

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Reviewer: Hitoshi Kagaya

Reviewer's report:

The authors developed a videoendoscopic swallowing provocation test as a new screening test for dysphagia. This test is unique and it overcomes some deficits of Simple Swallowing Provocation Test (SSPT). However, I have some concerns about this article.

Major Compulsory Revisions

1. The videofluoroscopy or videoendoscopy is a reliable method to determine the diagnosis and treatment for dysphagia, but in clinical setting, screening tests are often used, because videofluoroscopy or videoendoscopy is difficult to perform to all patients. The authors insist that videoendoscopic swallowing provocation test is a useful screening test, but I do not think that it becomes a screening test. Do the authors think it is possible to perform videoendoscopy to all patients? If so, we should do a usual videoendoscopy instead of videoendoscopic swallowing provocation test. The videoendoscopic swallowing provocation test only detects presence or absence of dysphagia, while we get more information from usual manner of videoendoscopy. The authors did not show the merits of videoendoscopic swallowing provocation test in addition to usual videoendoscopy.

2. The authors use FOIS to detect dysphagia, but they should use the “severity scale for dysphagia” instead of FOIS. FOIS sometimes does not correspond to the severity of dysphagia. Some patients may be given inappropriate diet or tube dependent patients might eat some diet if they are evaluated properly by videofluoroscopy or videoendoscopy.

3. The authors compared the patients group (mean age 83 years) with healthy volunteers (mean 29 years). Why age are not matched? Does age affect the outcome?

4. Twenty patients were followed up 3 months and were divided into improved group and unchanged or worsened group. What is the definition of improve or worsen? If FOIS is used, who decides the oral intake? If the results of videoendoscopic swallowing provocation test affect the oral intake, it is not surprising that patients with short LT get better results.

Minor Essential Revisions

1. The injection procedure was repeated three times. Was the latency time
‘average’ or ‘maximum’?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.