

Dear dr. Qi,

Thank you enormously for reviewing our manuscript entitled “Double-balloon enteroscopy-assisted dilatation avoids surgery in majority of patients with small bowel strictures: a systematic review”. You raised some very important issues. We are more than happy to answer all your questions and concerns and have addressed them below as well as in the paper.

Reviewer 1

This paper report a systematic review on double-balloon enteroscopy-assisted dilatation avoids surgery for small bowel strictures, it would provide new method for the treatment of small bowel stricture.

Thank you for taking the time to review our paper. We were happy to receive your positive review.

Reviewer 2

Dear authors, in this review article entitled “Double-balloon enteroscopy-assisted dilatation avoids surgery for small bowel strictures: a systematic review”. The authors overviewed Double-balloon enteroscopy (DBE) -assisted dilatation for small bowel strictures. They showed descriptive data about DBE assisted balloon dilatation. This is an interesting article. Their work must add suggestive knowledge to the readers. Only one comment is described as follows. Major comments. In the "Results", Inclusion criteria and Indications of Endoscopic balloon dilatation on each study should be summarized.

Thank you for your comment. The inclusion and study population are indeed important for this paper. The study population was already outlined in Table 1 and was described in the “study heterogeneity” section of the results section on p 7. We added an extra Table (Table 2) in which we summarise the inclusion criteria and exclusion criteria per study. We refer to this Table in the results section on p7, second paragraph.

Reviewer 3

Baars et al present a review on the efficacy and safety of DBE for the treatment of small bowel strictures. The review is extensive and well written and summarizes the studies using EBD to treat small bowel strictures. The review also provides an algorithm for the treatment of small bowel strictures. The review is easy to read although a revision in the writing style and grammar is required.

1 - Probably it would be better to extend the review to all forms of deep enteroscopy. Are there any series of EBD using SBE? If there are no series focusing on EBD using SBE or spiral enteroscopy this should be stated. On the other hand some enteroscopy series also report cases of EBD, although not focusing in the efficacy and follow-up of these patients. A recent series (Pinho et al. UEGW 2016 -

<https://www.ncbi.nlm.nih.gov/pubmed/27087956>) reports on 17 EBD in 1411 enteroscopy procedures (6 with DBE, 10 with SBE and 1 using the spiral enteroscope).

The authors report 1 complication (1/17) in the DBE group (1/6). Hence, please add to the discussion that there are other large series including more EBD cases, although some data regarding the efficacy or follow-up may be missing and that there are cases performed with other forms of deep enteroscopy. Please refer to the above series (<https://www.ncbi.nlm.nih.gov/pubmed/27087956>) and others that the authors find relevant.

Thank you for your important comment. The data outside double balloon enteroscopy is very limited with only small numbers and limited follow-up. We therefore decided only to include double-balloon enteroscopy in this review paper. If more data will be published in the future a revision of this review might be needed, but at this stage we believe it is better to focus on double-balloon enteroscopy. We added this to the discussion section on p11.

The series by Pinho et al. does indeed include 6 cases with double balloon enteroscopy; however these data are solely based on a survey and data with regard to efficacy and follow-up is lacking. As we focus on the efficacy and safety of double-balloon enteroscopy assisted dilatation, we decided not to include this paper in our systematic review. We have added this to the methods (p6). Moreover, we now refer to this paper in the discussion section on p 11 as you suggested.

2- Page 6: Clinical efficacy: It is not clear where the number 241 comes from. It appears from fig 1 that it refers to patients with long-term follow-up. In fig 1 this number is wrong (231). Furthermore in fig 1 the % of patients requiring surgery (from relapse or complications) is not clear. Please revise these aspects.

Thank you for this comment. The 241 patients does indeed reflect the number of patients with long-term follow-up. We have clarified this in the manuscript on p 6 and we have now moved the follow-up results before the clinical efficacy section. In figure one the number 231 was indeed incorrect, this should be 232 (310 patients minus 9 patients needing surgery minus 69 patients lost to follow-up).

Figure one shows the number of patients that needed surgery due to a complication as well as the number of patients that needed surgery during follow up. We added the % for the patients requiring surgery due to a complication and underlined it in the figure. Hopefully this clarifies the figure.

3- Please revise the writing style and grammar. Minor comments: Abstract: Aim: change to "...standard approach to small bowel strictures" Page 6 – Sedation: "anesthetist" is misspelled. Last sentence: "successfully" is misspelled. Discussion: The first sentence of the second paragraph is not clear. Please revise. Also in the second paragraph, in the sentence "...which can result in small bowel syndrome and malnutrition" the authors probably refer to "short bowel syndrome". Please revise. In

the last sentence of page 8, considered is misspelled. Page 9, 3rd line from the bottom: Strictures is misspelled.

Thank you for pointing out these errors. We have changed them according to your suggestions.

Thank you again for your time to review our manuscript and we hope we have answered your queries sufficiently.

Yours sincerely, on behalf of all co-authors,

Judith Baars