Dear Editor-in- chief of World Journal of Gastrointestinal Endoscopy,

The authors send a revised version of the manuscript entitled "Impact of the timing of capsule endoscopy in overt obscure gastrointestinal bleeding on th diagnostic and therapeutic yield and on the rebleeding rate – is sooner than 14 days advisable?" (ESPS manuscript NO: 37332) to be considered by your Journal. In order to take into consideration the comments of the editor and reviewers, the authors submit a revised manuscript.
Moreover, a point-by- point response is provided to all the comments of the editor and the reviewers:

Reviewer code: 00038617

(1) In Table 2-4, the authors should add the group name and total number of patients in each group at the first line of the tables.

R: The group name and total number of patients in each group have been added to the first line of the tables 3 and 5 (before named table 2 and 5).

(2) In Table 5, two data to compare must be listed for a statistical analysis. Both data of ≤ 48h group and > 48h group must be represented.

R: The data of ≤ 48h group and > 48h group have been represented in table 6 (before named table 5)

(3) Please reconsider the title of the tables, especially Table 2, 5.

R: The titles of tables 3 to 6 have been changed.

Reviewer code: 02441274

(1) 2 different systems of capsule endoscopy (Given and Mirocam) were used. It may be worth nothing whether this advantage of performing early examination is true for both capsule system.

R: We have analyzed patient characteristics in both systems and foundthat only the presence of on-going OGIB and the CE in the inpatient setting were significantly higher in the Mirocam system ($p<0.05$). When comparing the two systems according to the timing of CE performance,

we noticed that the Mirocam system was more often used in the first 48hours, which can be associated to the presence of on-going bleeding. This can be related to the fact that Given was used at the beginning of our series and back then there was not so much evidence about the use of urgent CE in the setting of a bleeding event. These data were added to the manuscript and to table 2

Reviewer code: 00503883

(1) This study has not the sufficient power to change current recommendations of overt obscure gastrointestinal bleeding as suggested in discussion because retrospective design, small number of patients and limits of design study.

R: The present study has some limitations. First, it has a retrospective design with a small number of patients, which has not the sufficient power to change the current recomendations. Second, the presence of renal disease was different between the groups, which can bias the results, mainly the rebleeding rate. This was added to the discussion section of the manuscript.

Reviewer code: 03258825

(1) Could the use of VCE from 2 different manufacturers result in the different clinical outcome? Please provide information regarding the number of Given and Mirocam VCE used in different time frames or clinical settings.

R: As detailed to reviewer 2, which had a similar comment to the manuscript, these data were added to the manuscript.

(2) The authors state that real-time viewer was used. This study includes VCE performed as early as 2005, when real-time viewer was not available for Given VCE. In addition, MiroCam does not have a real-time viewer to my knowledge. It seems that the use of real-time viewer and prokinetic agent only applies to a portion of VCE performed, not consistent with the methods described in the manuscript. Please explain.

R: Thank you for your remark. The real-time viewer was used only with the Mirocam system. This has been changed in the manuscript. Concerning the Mirocam system, the data-recorder can be connected to the workstation enabling the use of real-time views using a dedicated software from Mirocam (RT Viewer) in the workstation

(3) Please define "on-going-overt-OGIB". Does it mean that the patient has melena or hematochezia at the time of VCE? Or within 24 hours? Or within 48 hours? It is not clear to readers.

R: Overt-OGIB (melena or hematochezia) was subdivided into ongoing-overt-OGIB (bleeding during the procedure, at the time of CE) and previous-overt-OGIB (bleeding in the past but not during the procedure). This was better explained in the manuscript.

(4) The manuscript states that 75.7% of VCE performed had appropriate cleansing. How is cleansing or bowel prep measured and how is appropriate cleansing defined?

R: VCE cleansing was evaluated according to the qualitative preparation scale by Brotz et al. Cleansing was considered appropriate when graduated as excellent, good or fair. This was detailed in the revised manuscript.

(5) What are the pathologies of mass and tumor found in the study?

R: In our study mass lesions were divided in tumors and polyps. In the tumors group the following pathologies were included: adenocarcinoma, neuroendocrine tumours, GIST, carcinoid tumours and subepitelial lesions.

(6) There are significantly less patients with renal disease in the ≤ 48 hours group; could this explain the favorable outcome of this group of patients?

R: The presence of renal disease was more prevalent in the ≥14d group ($p=0.04$), and usually this has been associated with greater risk of gastrointestinal bleeding, which could influence the outcomes. This information was added to the discussion and to the limitations section of the study.

(7) A) How are diagnostic yield (DY) and therapeutic yield (TY) defined?

R: The definition of DY and TY was added to the manuscript.

B) The authors state that 31 patients receive endoscopic treatment, 20 surgical treatment, and 3 radiological treatment; with a total of 54 patients (Table 4). However, in Table 3, 53 patients are counted under TY.

R: Thank you for your important remark. Actually, one of the patients performed endoscopic therapy (APC for the treatment of angiodysplasias) and was subsequently submitted to surgical treatment of a GIST (found in the same enteroscopy). This was explained in table 5 to avoid misunderstandings.

After consideration of the reviewer comments, the authors send a revised version of the manuscript to be considered by your Journal.

Kind regards,

Ana Catarina Gomes