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Dear editor,

We thank the reviewers and editors for reviewing our Manuscript ID 53255 entitled “Single-balloon and spiral enteroscopy may have similar diagnostic and therapeutic yields with double-balloon enteroscopy: results from a meta-analysis of randomized controlled trials and prospective studies”. We have revised the manuscript according to the constructive suggestions. A point-by-point response is included below.

In response to the comments of the editor and reviewers, additional information has been added to the revised manuscript. These are marked by yellow highlights in the version with tracked changes. The version with all changes accepted (clean version) are also provided. Deleted text no longer appears in the final clean version.

Reviewer #1:

This meta-analysis reported the efficacy of DBE, SBE, and SE for small bowel diseases.

First, despite this meta-analysis is including Chinese articles and conference abstracts, the sample size is too small.

1. Even though the sample size is too small, the conference abstract should be excluded.

Response: Thank you for the suggestion. We included one conference abstract conducted by Oka et al.^[8], comparing DBE versus SE in our analysis. Since patients with suspected small bowel diseases are relatively rare, clinical trials comparing DBE and SE are difficult to be conducted. However, previous RCTs, published in full-text, also enrolled limited patients, we thought it may be appropriate to included all published trials to provide best evidence regarding the efficacy of DBE vs. SE, irrespective of abstract or full-text.

2. The analysis for “SBE vs. SE” should be deleted., if the sample size was too small for the analysis.

Response: Thank you for the suggestion. Till now, there is only one published article comparing SBE with SE. We are not able to conduct a meta-analysis due to the limited trial. Thus, in our manuscript, we only provide the details of this trial and make some discussion and also list this as one of our limitations. We have added the following contents into the Results (page 8, line 10): “We could not conduct a meta-analysis since there was only one trial comparing SBE vs. SE.”

Reviewer #2:

This manuscript performed a meta-analysis to compare clinical outcomes among double-balloon enteroscopy (DBE), single-balloon enteroscopy (SBE) and spiral enteroscopy (SE),

in which only randomized controlled trials and prospective studies were eligible. This paper is interesting, but there are several issues to be addressed.

1. Peroral enteroscopy appears to provide a higher diagnostic and therapeutic yield than peranal enteroscopy. One of limitation of this study is that this meta-analysis did not separate antegrade and retrograde procedures.

Response: Thank you for the suggestion. We agree with the reviewer that peroral enteroscopy appears to provide a higher diagnostic and therapeutic yield than peranal enteroscopy. Upchurch et al (Gastrointest Endosc 2010;71:1218-23) found that compared with peranal method, peroral enteroscopy provided deeper insertion depth, less procedure time and tended to provide a higher diagnostic and therapeutic yield. However, limited studies provided the peroral and peranal data, we could not conduct a meta-analysis separately. We have revised the following contents in the Discussion (page 11, line 20): “Sixthly, peroral enteroscopy tended to provide a higher diagnostic and therapeutic yields than peranal method. However, a limited number of studies also obstructed separate analysis.”

2. Recently, motorized spiral enteroscopy was developed (VideoGIE. 2016 Aug 30;1(2):32-33). It would offer a faster and deeper approach to the small intestine, compared with conventional “manual” SE. It would be nice if the authors mention this new modality for evaluating the small intestine.

Response: Thank you for the comment. According to your suggestion, we have adding the contents into Discussion (page 11, line 13) as following: “Recently, a novel motorized spiral

endoscope has been introduced into clinical evaluation [34]. This novel enteroscopy is currently been evaluated for its efficacy and safety in three prospective clinical trials. It seems to provide a faster and deeper approach to the small bowel with similar safety and efficacy to balloon enteroscopy^[35]”.

I hope we have addressed the comments and critiques by the editors and reviewers. We have revised and resubmitted a new manuscript for consideration for publication in the World Journal of Meta-Analysis.

Best regards.

Yours sincerely,

Zhiping Yang