

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The systematic review, containing 85 articles (3,025 patients), demonstrates that the Over-The-Scope Clip (OTSC) system is a safe and effective endoscopic therapy to manage gastrointestinal hemorrhage, perforations, anastomotic leaks, defects, and stent fixation. And this review has certain significance for endoscopic treatment option, thereby decreasing the need for surgical intervention. There are still some problems need to be solved. 1. There is not much discussion about the results in this paper. It is suggested to make a proper discussion on the results and existing problems in discussion. 2. It is recommended that prominent positions be indicated by arrows in figure 4A. 3. There are three inconsistencies between graphics and text in the article. Figure 4, 5 and 6 are inserted in the places where the relevant contents of surgical intervention are discussed, rather than the relevant contents of the pictures. Please adjust the insertion position. 4. The format of the 13th reference is wrong, please revise it. 5. There are some grammatical errors, spelling errors (such as “remOVE”) and punctuation errors (much more space) in the article, which greatly affect the reviewer's reading consistency and understanding. A professional English writing refinement is recommended.

Authors Response:

- 1. Individual discussion of the issues surrounding each indication for OTSC placement has been reported in the results section. As the indications for OTSC placement include many different pathologies, it was thought that a discussion of each individual indication would be best contained together with the pooled clinical and technical success rates. The formal discussion section was therefore limited to the overall methodology of the entire systematic review, in order to avoid redundancy in repeating information presented in the results section. We appreciate the input from the reviewers and we have added a paragraph summarizing the efficacy of OTSC in the discussion section.**
- 2. Thank you for this suggestion. A yellow arrow has been inserted to appropriately indicate where bleeding in this Figure originates from.**
- 3. The authors agree with the incorrect original placement of Figure 4-6 references throughout the text. The position of each in-text reference to Figures 4 – 6 has been updated accordingly. Thank you for that correction.**
- 4. Thank you for catching this error. We have updated Reference #13.**
- 5. Thank you for this suggestion. We have corrected several spacing and typographical/grammatical errors throughout the manuscript. In regard to the spelling error comment (specific to remOVE), the authors would like to note that any text in reference to remOVE is to the formal product name of the Ovesco accessory device. Please see the following link for verification: <https://ovesco.com/remove-dc-cutter/>).**

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The authors have made a good review of this topic.

Authors Response:

1. The authors would like to thank you for this comment.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: The authors investigated meta-analysis for Clinical Efficacy of the Over-The-Scope Clip Device. Although it is well written, several changes are recommended to improve the overall quality of this manuscript. Major comments: Authors analyzed the clinical efficacy of OTSC for several GI disease and complications. The topic would be very important and hence the manuscript is expected to be informative for readers. However, selection bias has a potential of crucial bias in some retrospective studies. Moreover, a review of 1517 cases with OTSC procedure have been reported (Kobara H, et al. J Gastroenterol Hepatol. 2019 Jan;34(1):22-30). Therefore, the authors should select only prospective studies and exclude all of the retrospective studies

Authors Response:

- 1. Both retrospective and prospective studies were included in this systematic review in order to report on the breadth of published literature on OTSC placement and its indications. We feel that the compilation of all available literature is the most accurate and impactful method to give endoscopists the best information to guide clinical management of traditionally difficult indications. As there is currently a paucity of prospective data evaluating the use of OTSC across all indications, and almost no prospective data in some of the less frequently studied indications, it is felt that including only prospective data would be insufficient to guide clinical management on OTSC placement; however, the authors did consider separating the prospective data to be worthwhile, therefore we added a table with only prospective study based outcomes. We found that technical and clinical success rates in prospective studies were similar to those seen in the retrospective cohorts – thus strengthening our review data. This paper reports data on more patients and more indications than has been reported to date. Thank you for this suggestion.**