Point to point response to comments

Manuscript Number：56882

Title: Impact of cap-assisted colonoscopy during transendoscopic enteral tubing: a randomized controlled trial

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The manuscript has been revised in accordance with reviewers' comments and editor's requirements. Section-by-section comments are outlined:

Reviewer's comments:

Reviewer #1:

1. Thank you for an opportunity to review a nice multicenter RCT entitled "Impact of cap-assisted colonoscopy during transendoscopic enteral tubing: a randomized controlled trial" submitted by Quan Wen et al. I enjoyed reading this article pretty much. However, without the statement of number of participants in the abstract, the authors concluded that the median time of the second cecal intubation was significantly shorter for the CC group than RC (2.2 min vs 2.8 min, $P < 0.001$). The median time of the second cecal intubation in group of CC ($n = 50$) was shorter than RC ($n = 43$) in constipation patients (2.6 min vs 3.8 min, $P = 0.004$).

Response: Thank you for your careful review. We have added the number of participants in the abstract.

2. On the other word, CC reduced cecal intubation time by 0.6 min and 1.2 min in overall studied sample and constipated patients, respectively - again no definition or criteria for diagnosis of constipation (which is very crucial to the readers).

Response: Very important comment! We have added criteria for diagnosis of constipation in the manuscript with color-highlighted sentence and we believe it will be more helpful for readers. The diagnosis of constipation was based on Rome IV criteria.

3. Apart from these comments, I also have several concerns on this manuscript as follow: 1) First and foremost, please provide a 'solid' evidence justifying about

1-minute time saving in CC is clinically meaningful. Those mentioned in the discussion are theoretical.

Response: This is a comment worthy of attention. Saving the cecal intubation time could reserve sufficient withdrawal time for accurate examination and endoscopic treatment. A previous study reported that a longer cecal insertion time was associated with a decreased detection of adenomas and advanced adenomas (*von Renteln D et al. Prolonged cecal insertion time is associated with decreased adenoma detection. 2017.Gastrointest Endosc*). Besides, if insertion time is prolonged during the procedure of TET, patients potentially bear the risk of complications, including discomfort, respiratory depression, low oxygen saturation, hypotension, cardiac arrhythmia, aspiration, etc. Besides, rare serious complications related to barotrauma, such as mucosal tears, intestinal perforation and air embolism, may also be seen (*Park HJ et al. Predictive factors affecting cecal intubation failure in colonoscopy trainees. 2013.BMC Med Educ*).

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2) Since this study included a wide range of patient age (from 7+ years onward), as I can see the wide SD of age as well, I wonder whether median (IQR) may be more proper way to present the data of age, height and so on. Meanwhile, what is the proportion of children in this study (i.e. aged no more than 15).

Response: Thanks for your nice reminder. we have added the proportion of children in table 1 (i.e. aged no more than 15). There are 4 children in RC group (2.6%) and CC group (2.6%) respectively. And, the subjects' age of the two groups is normal distribution by tests of normality in SPSS. So, we used the mean ± standard deviation (SD) to present the data of age.

3) As noted above, height was a dependent factor of TET tube length. The analysis of factor determining length of TET may be not in the scope of this study.

Response: Appreciate your comment! Friction between the cap and the TET tube may potentially cause the tube to stay too long or too short in the colon, which is related to the safety and reliability of the procedure of TET. This important result needs to be answered through analysis of factor determining length of TET. Also, the analysis of the length of the TET tube inserted into the colon may be useful to guide inexperienced endoscopist to perform TET procedure in the future.

4) How did you consider which patients required sedation during colonoscopy and which did not?

Response: Thanks for your kindly comment. The decision as to, whether required sedation, depends on the subjects' condition and wishes.

5) Is maximal pain during colonoscopy related to pre-endoscopic abdominal pain or indication for colonoscopy?

Response: We appreciate your careful review. If there is having proper control group, the conclusion could be more solid. In this study, the pain score of unsedated subjects related to pre-endoscopic abdominal pain was between 0 and 1, so the evaluation of the maximum insertion pain score was little affected by pre-endoscopic abdominal pain or indication for colonoscopy.

6) Regarding multivariate analysis, it is quite a general rule to include factor with P<0.2 in univariate analysis into the multivariate analysis. If not, please state how you consider factors into multivariate analysis.

Response: Follow your kindly suggestion, we have amended the rule to include factor with P<0.2 in univariate analysis into the multivariate analysis in the methods section with color-highlighted sentences. At the same time, we modified the data in table 3.

Editorial Office's comments

1. I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Thanks, follow your kindly suggestion, we have provided related materials.

2. I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Thank you for your careful review. We have provided the original figure documents for Figure 1, Figure 2 and Figure3 using PowerPoint.

3. I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.

Response: Thank you for your advice. We have added “article highlight” section at the end of the main text.

4. I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

Response: We appreciate your kindly advice. The manuscript has been edited for proper English language, grammar, punctuation, spelling, and overall style by Cicilia Marcella, an English native speaker. Neither the research content nor the authors' intentions were altered in any way during the editing process. The editing is friendly help without payment and acknowledgement from authors.