

September 24, 2020

Dear editors and reviewers,

We would like to thank you for taking time to review our manuscript "Evaluation of the Diagnostic and Therapeutic Utility of Retrograde Through-The-Scope Balloon Enteroscopy and Single-Balloon Enteroscopy." Please find below our responses to your thoughtful critiques. We thank you for considering our manuscript.

Sincerely,

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In regards to the science editor's comments, we updated references to include references from 2018-2020, uploaded CONFLICT OF INTEREST DISCLOSURE FORM, STROBE checklist, original figures, article highlight section, and added CONCLUSION section after the Discussion.

Reviewer #1 Comments:

Question about safety.

Response: We have added a comment about safety to the Discussion, after the second paragraph:

In this multicenter study (14), there were no adverse events reported, including no mucosal injury or perforation and it has been used in patients with small bowel diverticula. We did not encounter adverse events in our study with either modality, but there is a possibility that since the TTSE balloon is inflated without direct vision, there could be a problem when there is a stricture or diverticulum in the proximal segment, despite the soft flexible nature of the balloon catheter and controlled inflation-deflation system.

Reviewer #2 Comments:

What were the patient selection criteria for which enteroscopy?

Response: This is addressed in the Materials and Methods section under Subjects and an indirect comment is made in the limitations section of the Discussion. *The wording* has been changed to make this more clear in the Methods and the limitation is addressed more directly in the Discussion.

Subjects

After June 2014, every other case was done with alternating retrograde enteroscopy methods depending on equipment availability. There were no preset criteria to prefer one technique over the other. This resulted in an approximately one to one allocation assignment.

Limitations paragraph at end of Discussion

Our study had some limitations including nonrandomized design (patients were not randomized to be done with either TTSE or SBE), modest sample size, and lack of a gold standard for measurement of depth of insertion.

How to interpret the discrepancy between higher yield on capsule endoscopy than enteroscopy?

Response: The discrepancy between the higher yield on capsule endoscopy than on retrograde enteroscopy could be attributed to two factors: Not all procedures were successful and most importantly, retrograde enteroscopy depth of insertion may not have been sufficient to reach the abnormality seen on capsule endoscopy. Additionally, due to the time elapsed between capsule endoscopy and enteroscopy and the nature of some of the abnormalities seen, they may have no longer been present.

This has now been addressed in the result section and the Discussion.

Reviewer #3 Comments:

Thank you for your comments.

We have incorporated these comments into the Article Highlights.