

27 November 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6641-review.doc).

Title: Capsule Endoscopy: Current practice and future directions.

Author: Melissa Hale, Reena Sidhu, Mark McAlindon

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6641

We would like to thank the Editorial Board and the reviewers for the comments. We have addressed all the comments of the three reviewers in a point by point fashion, as detailed below. In addition, the changes in the manuscript have also been highlighted in bold and italics.

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer:

Reviewer#00058687: Double balloon enteroscopy is complementary method to capsule enteroscopy. It takes 1 or 2 hours in average.

Major:

- Contraindications should be mentioned: what about pacemaker, intestinal obstruction, difficulty in swallowing, pregnancy, gastroparesis, diverticulosis, children etc. Complications: capsule aspiration, retention - what to do and when.

We would like to thank the reviewer for highlighting this point. We are delighted to include this information.

We have included this on Page 4, paragraph 2.

- CapsoVision was missed- the first wire-free capsule, stores all images on microchip and offers 360° panoramic view Capsule with self-limited number of pictures per second

We agree with the reviewer that this should be included.

Details of this new device have been added to Page 9, paragraph 1.

- New EU Projects should be mentioned: NEMO (Nano-based capsule-Endoscopy with Molecular Imaging and Optical biopsy) VECTOR (Versatile Endoscopic Capsule for gastrointestinal TumOr Recognition and therapy) Rey at al.; Swain et al., Endoscopy, 2010

We have taken into account the reviewers suggestion and added relevant information regarding these projects.

This is included on Page 11, paragraph 3.

Reviewer #00503593: Well written review, which summarizes the current position and indications of capsule endoscopy (CE). In clinic the main indication for CE is obscure gastrointestinal bleeding, where the source of bleeding could be identified by upper and lower GI endoscopy. Even in this connection double balloon endoscopy has its advantage. CE has its advantage in diagnosis of patients with suspect intestinal lymphoma, including patients with refractory celiac disease. Patients with these indications are few and an attempt to widen the indications for CE, where other diagnostic methods are faster and cheaper are available.

Major:

- Considering that CE is expensive and time consuming, more critical comments reflecting the authors point of view either for or against is lacking.

We would like to thank the reviewer for highlighting this issue. We have attempted to address this by including further information regarding contraindications and complications of capsule endoscopy. We have also added more information regarding the use of double balloon endoscopy in the diagnosis of small bowel tumours.

These additions can be found on Page 4, paragraph 2 and Page 7, paragraph 2.

- I find in the introduction “The introduction of small bowel CE.....was one of the pivotal moments in the history of gastroenterology” and in the text revolutionary etc. is pompous and is not supported by hard facts, which the review is about.

We have modified the introductory statement as advised. See Page 4, paragraph 1, lines1-2.

Reviewer #02725329: In this review, authors indicated the current position, endoscopic findings, and indications of capsule endoscopy (CE) of the small bowel, esophagus and colon. They also showed the data of esophageal and colonic CE. Furthermore, they mentioned future directions of CE, such as technical improvements and targeted therapies. This manuscript would indicate broad information about CE.

Major:

- Small bowel capsule-Small bowel tumors. The authors should mention the role of DBE with histologic diagnosis after positive CE.

We would like to thank the reviewer for mentioning this point. We agree and have added additional information regarding the role of double balloon enteroscopy in the diagnosis of small bowel tumours.

This can be found on Page 7, paragraph 2.

Minor:

- Small bowel capsule-Crohn disease. Most of NSAID enteropathy may be distinguishable from Crohn disease.

We have taken into account these comments and included additional information regarding the endoscopic features of NSAID enteropathy, such as diaphragmatic strictures. Page 6, paragraph 2.

- Small bowel capsule-Coeliac disease (Figure 6). The authors should indicate this figure in SMALL BOWEL TUMORS.

We have amended this and Figure 6 is now also referenced in the 'Small bowel tumours' section, Page 7, paragraph 2.

3. References and typesetting were corrected

PMID numbers were unavailable for the following articles. We have included the full article as per your instructions:

McAlindon ME, Parker CE, Hendy P, Mosea H, Panter S, Dabvison C, Fraser C, Despott EJ, Sidhu R, Sanders DS, Makins R. Provision of service and training for small bowel endoscopy in the UK. *Frontline Gastroenterology*, 2012;2(3): 98-103.[DOI:10.1136/flgastro-2011-100044]

Lo SK. How should we do capsule reading? *Tech Gastrointest Endosc* 2006;8:146-148.[DOI:10.1016/j.tgie.2006.11.001]

DOI numbers were not found using crossref.org for the following 4 articles:

Guturu P, Sagi SV, Ahn D, Jaganmohan S, Kuo YF, Sood GK. Capsule endoscopy with PILLCAM ESO for detecting esophageal varices: a meta-analysis. *Minerva Gastroenterol Dietol*. 2011 Mar; 57(1):1-11.[PMID: 21372764]

Nakamura M, Ohmiya N, Shirai O, Takenaka H, Kenji, Morishima, Miyahara R, Ando T, Watanabe O, Kawashima H, Itoh A, Hirooka Y, Niwa Y, Goto H. Advance of video capsule endoscopy and the detection of anatomic landmarks. *Hepatogastroenterology*. 2009 Nov-Dec; 56(96):1600-5.[PMID: 20214201]

Boysen M, Ritter M. Small bowel obstruction from capsule endoscopy. *West J Emerg Med*. 2010 Feb;11(1):71-3. [PMID: 20411080]

Yim S, Gultepe E, Gracias D, Sitti M. Biopsy using a Magnetic Capsule Endoscope Carrying, Releasing and Retrieving Untethered Micro-Grippers. *IEEE Trans Biomed Eng*. 2013 Sep 24. [PMID: 24108454]

We hope that we have addressed the reviewers' comments satisfactorily. We appreciate the Editorial Board giving us this opportunity to revise and strengthen our manuscript. We hope to hear favourably from the Editorial Board.

Yours Sincerely,

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