

Dear reviewers,

Many thanks for taking the time to read and review our manuscript. Your comments have been very helpful, and we hope we have addressed these in full in our revised manuscript. Please find below our response to each Reviewer's comments as outline below:

Reviewer 1:

1. The NNT with castor oil to result in an additional complete CCE study was 7, absolute risk reduction = 14.52%, 95% CI 3.06- 25.97. NNT, please use its full name.

Author response: Full name of NNT (number needed to treat) provided in revised manuscript.

2. Finally, a multicentre retrospective study in Japan selecting 319 patients receiving a one-day PEG-based CCE regimen in a mixed cohort of FIT-positive, screening and lower GI symptom patients, assessed excretion rates with and without castor oil. FIT, please use its full name.

Author response: Full name of FIT (faecal immunochemical test) provided in revised manuscript.

3. The reviewer concerns the conclusion would come out with bias, as the trial group is prospectively study and the control group is retrospectively study. Discuss section should explain this limitation.

Author response: The authors acknowledged the limitation of a retrospective component of this study in the discussion section of the revised manuscript.

4. The reviewer did not find the NCT number of the trial, please provide the information if possible.

Author response: This is not a clinical trial study and such does not have an NCT number.

5. The reviewer suspects the facticity of side effects, as described in the manuscript: such as abdominal pain, abdominal distension, nausea or vomiting, were not found in all patients who drank 2L of colitis fluid within one day?

Author response: The authors highlighted in detail the absence of significant adverse events of castor oil. Documentation of known/expected side effects of bowel preparation (e.g. nausea, abdominal cramping) was not undertaken given its prevalence and lack of relevance to this study.

6. Please list all the lesions found in the intestinal examination.

Author response: The authors provided a list of other pathologies detected on CCE in both groups as requested.

7. Please explain why 15ml castor oil can nearly double the detection rate of intestinal polyps.

Author response: The authors discussed the possible reasons for increased polyp detection rate with castor oil in the discussion section of the revised manuscript.

8. Please check the references and make a careful proofreading before submitting the revised manuscript.

Author response: Further proofreading and reference revisions was undertaken by the authors as requested.

Reviewer 2:

1 (a). In the Method, please explain Moviprep as firstly appeared in the article.

Author response: More detail on Moviprep and bowel preparation provided as requested in the revised manuscript abstract.

1 (b). A nested case~ transit time What transit time? Is it a colon or small bowel?

Author response: The authors specified this is colonic transit time as requested in the revised manuscript abstract.

2. Introduction (not the Background) ~in the unselected patient cohort. Western patient cohort may be preferred. Historically~ could be present in the discussion.

Author response: The authors have acknowledged this comment and have appropriately edited the manuscript to that effect.

3. Methods ~who fulfilled adequate criteria for CCE indication. Please explain these inclusion and exclusion criteria. a) In this study, IBD patients (may including Crohn's disease) are included. Are there any risks to patients with capsule retention?

Author response: The authors have outlined in detail the inclusion criteria and exclusion criteria of CCE studies as well as standard procedure for patients at risk of capsule retention as per reviewer's request.

4. Data analysis Colonic image quality was based on the reader's overall impression~. Please explain who read the images and how to decide the cleansing levels more precisely (i.e. average cleansing levels in each colonic segments).

Author response: The cleansing level assessment has been described in detail in the methods section and further information has been outlined on who read the capsules and how the reports (including cleansing level) have been signed off in the revised manuscript.

5. Results Is there any case of oil disturbed to find lesions, especially in the rectum? Is there any case of worsened inflammation in IBD patient during the procedure?

Author response: The authors addressed the impact of castor oil on bowel cleansing, polyp detection and adverse events as requested by the reviewer.

Reviewer 3:

1. There are a lot of critical weak points in this manuscript, which make unscientific of this manuscript. I recommend consultation for biostatistician. There are some errors for abbreviations. P values usually put in the brackets. Data Median and mean data were presented wrongly. You should totally check the data analysis.

Author response: Abbreviation errors have been corrected as per reviewers above. P values have been placed in brackets as appropriate. Incorrectly labelled "medians" have been corrected as "means".

2. Major Study design The study design of this study looks retrospective cohort study. You enrolled the case for prospective manner. However, the control group (without castor oil) was selected among patients who performed CCE.

Author response: The authors acknowledged the limitation of a retrospective component of this study in the discussion section of the revised manuscript and have highlighted this in the methodology.

3. Data analysis Definition of CCE positivity should be presented.

Author response: CCE positivity definition has been provided as requested in the revised manuscript.

4. Table 3 Table 3 should be totally revised. I recommend you to compare CCE completion vs CCE non-completion. Once you perform univariate analysis which were found be significant for CCE completion, you should perform multivariate analysis. Current form of Table 3 looks very confusing. The paragraph, 'Impact of gender, age and indication on CCE completion', which is related to Table 3 should be totally revised.

Author response: Many thanks for your suggestions with regards table 3. The title has been changed to correctly reflect its function which is to a) compare CCE completion vs CCE non-completion as requested and b) to perform univariate analysis.

Multivariate analysis has not been undertaken in this study as the results are of unlikely significance given a small number of CCE procedures analysed (n=186).

5. Minor Table 2 I recommend you to put small bowel transit time.

Author response: The authors are unable to include this information. The CCE capsule has an inbuilt "sleep mode" which turns on while the capsule is in the stomach making the calculation of small bowel transit impossible in the majority of the procedures.