February 12, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (3180-Review.doc)

Title: Current Applications of Endoscopic Suturing

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Name of Journal: World Journal of Gastrointestinal Endoscopy

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The manuscript has been improved according to the suggestions of the reviewer. Below are our responses to the reviewer's comments.

1. We note the first reviewer's comments regarding a relationship of Dr. Stavropoulos with the company that makes the endoscopic suturing device. We would like to note the following: Dr. Stavropoulos has not signed at any time any consultant or other agreements with this company, has not held any office for this company and has not received honoraria, travel expenses or other direct payments from this company. He has not served as a paid speaker or trainer for this company. He has not been involved in the development or modifications of the endoscopic suturing device. Nevertheless, Dr. Stavropoulos is one of the two largest volume users of this device in the United States and worldwide and therefore he has directed various hands-on courses and CME activities that have included training in this device including serving as director of the annual Winthrop Long Island Live course and "hands on with the Masters" which focuses on POEM, EFTR, STER, ESD and Endoscopic Suturing, the NYSGE ESD POEM Suturing hands-on course, Winthrop Master's class live case and hands-on symposia and the upcoming ASGE Endoscopic Suturing Course, a two day CME activity sponsored by the ASGE at the ASGE IT&T center in Chicago. The latter course is a major CME activity with national an international visibility organized by the ASGE which has carefully vetted all faculty and in particular the two directors of the activity (one of whom is Dr. Stavropoulos) for any conflict of interest. It should also be noted that for this activity there was initial debate among the ASGE leadership regarding the advisability of organizing a comprehensive 2 day course focusing on a single device, the Overstitch device by Apollo. It was determined, that since this is the only commercially available endoscopic suturing device and since it has become a pivotal tool the enables many advanced therapeutic endoscopy techniques and in particular novel NOTES procedures, that it was appropriate to proceed with such a course. It was

deemed that such a course was not dissimilar to previous courses focusing on a single device such as capsule endoscopy courses with the Given capsule when this was the only such commercially available device for capsule endoscopy. The above discussion also addresses the comments by the first reviewer regarding the fact that this review is focused on the Overstitch endoscopic suturing device. The first reviewer also suggested that the review was excessively laudatory of this device. On careful re-examination of the manuscript by all authors, we did not find statements unsupported by the current data in the literature. Furthermore, we do indicate limitations of the device in our manuscript (for example, in the future directions section we clearly indicate that the device is currently limited to double channel short scopes as one of the important limitations of this device).

2. Regarding the comment of the second reviewer about inclusion of OTSC clips in our review, these are not considered suturing devices (for example a recent analysis of volume of publications on endoscopic suturing over the past decade in the February issue of GIE by Swanstrom et al also excluded OTSC clips for the same reason).

3. Regarding the comment of the second reviewer about inclusion of other suturing devices in this review we note that no other such devices are currently commercially available either because they have been withdrawn or are at very early pre-production experimental stages of development. We made changes in our manuscript to include mention of these devices along with select publications describing them, but we do not feel that more extensive discussion of devices that no longer exist or are investigational prototype-level devices that may never reach clinical use would be warranted.

4. Regarding the reviewer's comments about inclusion of data from our center in this review, we agree that in general this is not appropriate. However, given that this is very novel technology with very limited published data consisting of small series, we feel that the perspective of a center with one of the largest experiences in the world would be warranted. These data have been presented and published in abstract form in the American Journal of Gastroenterology . We modified this section of the manuscript to justify inclusion of these data from our large volume center. In any case, this section represents a relatively small section of the review and we would be amenable to removing it if in the editor's opinion this is warranted.

Thank you again for considering our manuscript in the World Journal of Gastrointestinal Endoscopy.

Sincerely yours,

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