

## Reviewers Comments

### Reviewer 1:

The authors present a scientific paper very interesting, related to a topic of current debate. There are a number of comments regarding this study. -It would be advisable to change the title because it is too general and there are only 124 gastroenterologists in a very specific location. -In the Discussion section generalizes too "Our survey demonstrated that DC ... ..clinical practice by gastroenterologist." It is not correct to generalize the population of the state of Connecticut gastroenterologists with all worldwide gastroenterologists. -The Paragraphs 4 and 5 of the discussion, are not related to this study and to the survey. They should be eliminated. -The main limitation of the study sample size also is that the population is limited to a single state and can not be extrapolated to the entire population of gastroenterologists.

### RESPONSE:

The title has now been modified. We have also modified our discussion to limit the generalizable claim as we understand that this survey was only restricted to those practicing in the state of Connecticut. Paragraphs 4 and 5 of the discussion convey the generally accepted utility and data of digital chromoendoscopy. We felt it was important to at least provide some minimal context as to the currently available data; however, as those paragraphs are not directly commenting on results from our particular study, we have now shortened them into one paragraph per the reviewer's request. We have again stressed in our limitations that this was a single state study and therefore, until a more national or international consensus is developed, our conclusions do need to be interpreted with some caution.

### Reviewer 2:

General comments: Karl Langberg and coauthors present the analysis of a survey among 124 endoscopists in Connecticut on the use of digital chromoendoscopy during endoscopy. The survey covers an interesting topic and the analysis is well presented. The discussion is balanced, also stating the limitations. Lack of formal training and additional time demand were named the major obstacles in using this widely available technique. The results of the study imply that more training in DC is needed to easily improve diagnostic outcome in endoscopy. DC is probably not required in all endoscopies as Barrett's surveillance, IBD assessment and polyp characterization present only a proportion of endoscopies routinely performed but the internet-based survey demonstrates that this valuable easy method is clearly underutilized. Specific comments: The selection of gastroenterologists via the societies might have selected endoscopists with special interest in new technologies. Alternatively, the practicing gastroenterologists could have been identified via the register or insurances, The response rate is less than 50%. Could this have lead to a bias as it is likely that only the endoscopists familiar with the technique might have responded? The ASGE has very recently recommended to replace standard Seattle protocol by targeted biopsies using electronic chromoendoscopy for Barrett's oesophagus surveillance. [Gastrointest Endosc. 2016 Feb 11. pii: S0016-5107(16)00030-4. doi: 10.1016/j.gie.2016.01.007] DC is probably not required in all endoscopies as Barrett's

surveillance, IBD assessment and polyp characterization present only a proportion of endoscopies routinely performed but the internet-based survey demonstrates that this valuable easy method is clearly underutilized.

RESPONSE:

We truly appreciate the reviewer's analysis of our study and agree with their assessment.

Reviewer 3:

This internet-based survey performed among gastroenterologists in Connecticut confirms the supposition that digital chromoendoscopy (DC), regardless of its availability and the demonstration that in some fields (Barrett, diminutive colorectal polyps, serrated polyposis and IBD) its use is scientifically valuable, is underutilized. DC is used in less than one tenth of cases and one fifth never use it. This simple and well-conducted survey also highlights that the DC is not commonly a part of formal endoscopy training courses. This lack appears to be one of the primary reasons of underutilization of DC.

RESPONSE:

We truly appreciate the reviewer's analysis of our study and agree with their assessment.