



October 24, 2016

Dear Editors and Reviewers:

Thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers for their positive and constructive comments and suggestions on our manuscript.

Please find enclosed the edited manuscript.

Title: "Capsule endoscopy and single-balloon enteroscopy in small bowel diseases: competing or complementary?". (ID: 29080).

ESPS Manuscript NO: 29080

We have studied comments carefully and have made correction which we hope meet with approval. Revised section are marked in red in the paper. The main corrections in the paper and the responds to the reviewer' s comments are as following:

Responds to the reviewer's comments:

Reply to reviewer 02440886:

1. In the paragraph where you describe SBE, how were patients sedated? Did you perform endovenous sedation, or did you ask for anesthesiological support and intubation?

Thank you for the nice suggestion. All the patients who underwent SBE were sedated with propofol and opioid intravenously. For anterograde SBE, Intubation was performed. We have added this contents in the MATERIALS AND METHODS section in the revised manuscript.

2. The number of patients who underwent the combined procedure CE and SBE is much smaller than the number of the other two groups; it could have been useful to create three homogeneous groups.

Thank you for the valuable comments. We agree with the reviewer that it could have been useful to create three homogeneous groups. Our study is a retrospective study, and in the future, we hope to further confirm this preliminary study by prospective studies.

3. In the group of patients who underwent CE, in case of positive findings such as polyps or other lesions, how did you proceed? Did you perform therapeutic enteroscopy? Surgery? Other? Moreover, it could be indicated to add some endoscopic images.

In some cases with angiodysplastic lesions induced small-bowel bleeds, therapeutic enteroscopy were performed. The treatment consisted of argon plasma coagulation (APC) therapy or endoscopic clip. Some patients with polyp detected by CE, underwent polypectomy by SBE. Patients with tumors underwent surgery.

This retrospective study was mainly aimed to compare the diagnostic yields of CE, SBE, or their combined use and demonstrate the appropriate diagnostic algorithms selection for different small bowel diseases. Treatment of small bowel diseases were not discussed in the study. So we only added a few images about diagnosis.

Reply to reviewer 03476311:

1. The authors reported DBE technique needed long procedure times and, detected the limitation of DBE. We think preparation time of SBE is shorter than DBE, however, we do not consider SBE has shorter procedure time than DBE. Please be correct.

Thank you for the nice comments. We have modified the contents and marked in red in the revised manuscript.

2. Cases with CE and SBE were relatively small (only 47 cases). Please explain the reason of contradiction.

Thank you for the nice comments. As the reviewers said that CE combined with SBE group was relatively small (only 47 cases) compared with CE group or SBE group in this study. The reasons are as follows:

1. This study was a retrospective study. We extracted and analyzed data based on the existing data, there existed heterogeneity. 2. Before having CE or SBE, some patients had suspected lesions found by tomographic enterography, so these patients underwent SBE directly and set up diagnosis. 3. Patients with OGIB underwent CE and set up diagnosis, some of them did not need subsequently SBE.

Reply to reviewer 03476311:

1. Two different systems were used for capsule endoscopy studies. Is there in the literature any known comparison of them, or did you notice any difference between the systems during the study?

Thank you for valuable comments. Some studies showed no significant difference regarding to the rates of complete small-bowel examination or diagnostic yields between MiroCam and PillCam capsule endoscopy. In our study, Complete visualization of the small bowel was no different between OMOM and MiroCam system (72.4% *vs* 78.8%, $P=0.169$). The overall diagnostic yield for small bowel diseases was no significant difference between by OMOM CE and by MiroCam (57.2% *vs* 60.8%, $P=0.497$). We have added the result in CE result section in revised manuscript.

2. Page 6: Please replace the word sedoanalgesia with the “conventional sedation

with benzodiazepine and opioid”.

Thank you for nice suggestion. We have made correction according to the Reviewer's comments.

3. Page 6: First sentence in the Results section: Correct to “Seven hundred”.

We are so sorry for the spelling error. We have made correction and marked in red in revised paper.

4. SBE detected many more patients with Crohn's disease. Please comment on that.

Before CE or SBE examination, patients often experience CTE or small bowel barium through, when patients were suspected to have Crohn's disease, single-balloon enteroscopy were performed as the first-line intervention, because these patients had risk of capsule retention.

Thank you again for giving us an opportunity to publish our manuscript in the World Journal of Gastroenterology.

Sincerely yours,

Hongjie Zhang, M.D, Ph.D

Department of Gastroenterology

First Affiliated Hospital of Nanjing Medical University,

300 Guangzhou Rd

E-mail: hjzhang06@163.com