

August 7, 2013

Dear Editor,

Please find enclosed the edited version of our manuscript in Word format (file name: ESPS Manuscript NO: 3701-review.doc).



**Title: Usefulness of continuous suction mouthpiece during esophagogastroduodenoscopy: a single-center, prospective, randomized study**

**Authors:** Takao Maekita, Jun Kato, Yukihiro Nakatani, Shotaro Enomoto, Ema Takano, Masahiro Tsuji, Tsuyoshi Nakaya, Kosaku Moribata, Yosuke Muraki, Naoki Shingaki, Toru Niwa, Hisanobu Deguchi, Kazuki Ueda, Izumi Inoue, Mikitaka Iguchi, Hideyuki Tamai, Masao Ichinose

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript No.:** 3701

The manuscript has been improved according to the suggestions of the reviewers:

1 The format has been changed

2 Revisions have been made according to the suggestions of the reviewers

**The following are our responses to the reviewers' comments.**

*Reviewer 00183658*

- 1. Several factors influence the outcome of the study. Some limitations of the study might be occurred.**

We agree with the reviewer's comment and have accordingly rewritten the Discussion. Please see page 10, lines 27-30 and page 11, lines 1-3.

- 2. The primary outcome of the study was the occurrence of aspiration pneumonia. The incidence of this primary outcome is very low. The sample size of the study might be higher than this study.**

We agree with the reviewer's comment. We should have used a higher sample size for investigating aspiration pneumonia. We have already mentioned this as the second limitation in the Discussion (page 10, lines 19-27).

- 3. According to No. 2, the conclusion of the study should be "Use of the CSM during screening EGD can reduce the extent of salivary flow. The device is expected to reduce complications and contamination with saliva not only during screening EGD but also during other upper endoscopic procedures." This study**

**demonstrated that the occurrence of aspiration pneumonia did not significantly different between the two groups.**

Following the reviewer's comment, we changed the description of the conclusion in the Abstract (page 3, lines 21-22).

- 4. The sedative used in the study was 1-5 mg. It was a high variability. The sedative agent should be defined in mg/kg. The sedative agent influenced the extent of the salivary flow. The extent of the salivary flow in the patients who received in a low dose of the mg/kg was relatively lower than in the patients who received in a high dose of the mg/kg. It might be influenced the outcome of the study.**

We have changed this description in the revised manuscript according to the reviewer's comment (page 10, lines 27-30 and page 11, line 1).

- 5. The clinical application of the study is very important. The authors should be recommended the readers to apply this knowledge in routine clinical practice.**

Thank you very much for this favorable comment. We have added a statement mentioning this recommendation at the end of the text.

- 6. Unfortunately, the authors did not show the cost effectiveness of the use of CSM device for screening esophagogastrroduodenoscopy procedure.**

Thank you very much for your advice. We have added a statement in the Discussion to include this information (page 11, lines 1-3).

*Reviewed by 00056758*

- 1. I think that this article is well written. Therefore, I have no advices to the author.**

Thank you very much for your favorable comments.

*Reviewed by 01437418*

- 1. This is a single-center, prospective, randomized study on the usefulness of a continuous suction mouthpiece (CSM) during EGD. Although interesting, substantial concerns for this study are that the background, study design, results including the tables and figures, and conclusion are so much similar to those of the authors' previous study published in Digestive Endoscopy "Maekita T et al. Usefulness of a continuous suction mouthpiece during percutaneous endoscopic gastrostomy: A single-center, prospective, randomized study". Although the authors mentioned their previous article in this new manuscript, the current study**

adds little to the previous one. Moreover, the authors have already mentioned in their previous study that CSM is expected to reduce complications such as aspiration not only in PEG but in other upper endoscopic procedures. Since EGD is required for PEG, these two papers should be treated as one.

The background of the study patients in this study differed from that of the patients in the PEG study. PEG is performed with the patient in the supine position, is a lengthy process, and is indicated for elderly patients with dysphagia. In contrast, EGD is performed with the patient in the left lateral position, is a shorter process, and is indicated for patients without dysphagia and severe complications. Therefore, I think that this paper is worth reporting independently.

We have added a statement in the Introduction to include this information (page 5, lines 23-28).

*Reviewed by the editor*

1. Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B). For manuscripts submitted by non-native speakers of English, please provide language certificate by professional English language editing companies mentioned in 'The Revision Policies of BPG for Article'

We have attached a language certificate provided by the professional English language editing company that assisted with the language editing of this manuscript.

2. The title page carries the title, the authors, the authors' affiliations, and footnotes. Title: The title must be informative, specific, and brief (Title should be no more than 10~12 words/60 bytes. Please revise it). Words should be chosen carefully for retrieval purposes. All nonfunctional words should be deleted, such as 'the', 'studies on', 'observations of', and 'roles of', etc.

We have rewritten the title as shown on page 1 of the revised manuscript.

3. It's too short. Please add it to 80 words (Method in Abstract). Thank you!

We have rewritten the Methods section of the Abstract (page 3).

4. It's too short. Please add it to 120 words (Discussion in Abstract). Thank you!

We believe the reviewer meant Results instead of Discussion. We have accordingly rewritten the Results section of the Abstract (page 3).

5. Please reformat all the reference numbers like this one ([1]→ctrl+shift+=). Please check throughout. Normal line space is required. Thank you!

We have reformatted the reference numbers as recommended.

6. The coordinate graphs (Figures 3-5) supplied should be decomposable (each part of your figure could be moved so as to easily edited). You can send it as excel, word or powerpoint format so that I can edit them easily

As suggested, I have sent the coordinate graphs (Figures 3-5) in PowerPoint format.

3 References and typesetting were corrected, as recommended.

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

Sincerely yours,

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