

Editorial Board

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Dear Editors,

Thank you for providing us with the reviewers' helpful comments and the opportunity to address them. Our responses and alterations to the manuscript are to follow in a point-to-point fashion. In addition, the changes in the manuscript have also been highlighted for convenience.

Reviewer 02917331

Comments to the author:

In this paper entitled "Upper gastrointestinal tract capsule endoscopy using a nurse-led protocol: first reported experience.", this is an interesting observational study using Upper GI video capsule endoscope. 1. Magnetically guided capsule endoscopy of the stomach has been introduced by Rey et al.(Gastrointest Endosc. 2012 Feb;75(2):373-81.) And also large scale clinical trial using magnetically guided capsule endoscopy has already conducted.(J Clin Gastroenterol. 2015 Feb;49(2):101-7.) The authors should cite these studies, and discuss about the difference of Magnetically guided capsule endoscopy and SPIT. 2. In the ABSTRACT, Please spell out "OGD".

We thank the reviewer for their comments and for pointing out two very important references relevant to our study and that should be discussed.

1. The two studies referred to have now been discussed in the fourth paragraph of the discussion section. [PAGE 12, LINE 315-321]
2. In the abstract, 'OGD' has been spelt in full [PAGE 4, LINE 79]

Reviewer 02462725

Comments to the author:

This is a pilot study verifying the feasibility of capsule endoscopy for upper GI tract. This study may be valuable with regard to showing the possibility of upper GI screening by capsule endoscopy. 1) The greatest fault of this study is a lack of gold standard i.e., gastroscopy findings of patients who underwent CE. So, the reliability of findings with CE was not validated. The drawback should be indicated as a limitation. 2) Who read the data of CE first? Was he the same as the second reader? 3) The images in the figure 2 are probably champion images that captured the inside of the stomach very clearly. The images that failed to catch clear images of the stomach including images of incomplete studies of the fundus should also be shown.

We are grateful to the reviewer for the opportunity to discuss the limitations of our study. We also apologise for the lack of clarity regarding the capsule video readers and thank the reviewer for allowing us to clarify this.

1. A paragraph outlining the limitations of the study has been added to the discussion section. [PAGE 15, LINE 409-423]

2. One of two co-authors (RS and MEM) read and reported the capsule endoscopy videos. This has been further clarified in the first paragraph of the 'Video interpretation and analysis' section. [PAGE 8 LINE 197]
3. One co-author (MEM) subsequently read all videos in Quickview mode. We hope that this has become clearer after the addition described in answer to the second point.
4. We have added images demonstrating examples of poorer views of the fundus [PAGE 22, FIGURE 3]

Reviewer 01489500

Comments to the author:

This is a well-written article about upper GI capsule endoscopy using a particular protocol. I think that the authors have adequately shown the feasibility of this method which might be an option for patients who decline classic gastroscopy. I believe however that the cost of the capsule is still high compared to gastroscopy and also it is more time-consuming, including time for review of the images. (please comment on that in the manuscript). The limitations of the study: it is not a comparative study between capsule and gastroscopy, 2. visualisation of D2 is still suboptimal with capsule and 3. the cost of capsule is high. New prospective comparative studies could be done in the future.

We completely agree with the reviewer and sincerely hope that our new paragraph discussing the limitations of our study adequately address this.

1. These comments are now specifically addressed in the paragraph about limitations of the study. [PAGE 15, LINE 409-423]

Reviewer 03478442

Comments to the author:

This is an interesting paper about a new technique of upper gastrointestinal tract upper endoscopy with a specific improved capsule endoscope. Page 7, line 188. The first sentence about the patients is incomplete. It should include the statement "... Were included in the study protocol". Complete examination rate at 64% is rather low. In addition, the examination lasts a long time compared to upper endoscopy, and this might be a problem for non-hospitalized patients. Please mention that with the UGI capsule, no biopsies can be takes for routine and investigation of Helicobacter pylori, which may be necessary for some patients. The same is true if a tumor were found. The use of hyoscine was proven to be a hindrance for the study. Since the reviewer MEM had seen the previous pictures at full mode, he could have remembered the findings when reviewing at the quick mode, even though he watched the capsule videos in a random order. This may cause a false impression and it is considered a major drawback of the study. Please comment. Is this protocol suitable for elderly people? The time difference compared to gastroscopy should be mentioned. The pictures are very nice.

We are grateful again to the reviewer for the opportunity to discuss the limitations of our study and the novel technology. We hope that this is now adequately addressed in the new paragraph discussing limitations. We also regret the oversight of the incomplete sentence and have addressed this.

1. The first sentence on page 7 of the original manuscript, has been corrected as suggested and kindly identified by the reviewer as incomplete. [PAGE 9 LINE 281-219]
2. We agree, a completion rate of 64% is rather low and address this in the discussion. [PAGE 15, LINE 409-413]

~~2.3.~~ We agree that there are several differences between gastroscopy and upper GI capsule endoscopy, the duration of each test being one. The patient may spend less time in hospital for an unsedated endoscopy, but perhaps considerably longer for sedated endoscopy, than for a capsule procedure. In the penultimate paragraph of the discussion, we recommend that future studies of cost effectiveness should include the duration of the procedures.

[PAGE 15, LINE 413-417]

~~3.4.~~ We have now added a paragraph in our discussions section to outline the limitations to our study including the inability for biopsy at capsule endoscopy. [PAGE 15, LINE 417-423]

~~4.5.~~ The limitations to Quickview interpretation by a reader also involved with the initial video interpretation using standard mode has now been highlighted. A limitation accurately highlighted by the reviewer and important for readers to bear in mind. [PAGE 13, LINE 363-370]

We hope that these additions address the reviewers' comments and we would be delighted to answer any further questions. We appreciate the Editorial Board giving us this opportunity to revise and strengthen our manuscript. We hope to hear favourably from the Editorial Board.

Yours sincerely

Dr. Hey-Long Ching

Ms. [Ailish Healy](#)

Mrs. [Victoria Thurston](#)

Dr. [Melissa F Hale](#)

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