

Dear Editor,

We modified our manuscript according the recommendations.

We agree with the extensive and detailed comments of reviewer number 1. This manuscript reviews the current status and role of capsule endoscopy (CE) in the diagnosis, prognostic stratification, monitoring of disease, and assessment of response to therapy for Crohn's disease (CD).

1. The title of the manuscript mention "treat to target" approach, but CE in a "treat-to-target" concept is only a section in the manuscript. The manuscript is actually a comprehensive review of CE in CD. I would recommend modifying the title to better reflect the content. **Title was modified**
2. Under the section of "Scoring systems in CE", the authors devoted most of the space to Lewis Score. I would like to see more coverage on CECDAI in balance. **We introduced more evidence and details about CECDAI**
3. If the paper is mainly to focus on "treat-to-target" approach, then the section of "CE in suspected CD" does not fit well in the manuscript (because it matters only in established CD). It will, however, fit if this is a general review of CE in CD. **Since we changed to a general minireview now this section fits better**
4. PillCam Crohn's is mentioned under the section CE in colon evaluation. Since it is a new tool for both small intestine and colon, it may be reasonable to have its own section. **A new section was created for colon capsule**
5. In the section CE in a "treat-to-target", the authors could elaborate more on how the CALM study relates to CE. Since it is "treat-to-target", the essence is to treat until there is remission on CE, and CE remission predicts good prognosis. Similarly, the authors can expand on the paragraph about CE in post-operative monitoring of CD recurrence (with reference to recent publications, as there is no citations here) because it is a perfect example of "treat-to-target". **More details were introduced and in every paragraph we mentioned link to treat to target concept**
6. The last paragraph of page 12 does not belong here because it talks about suspected Crohn's disease. **This paragraph was removed**
7. The authors need to review more recent literatures on the accuracy of patency capsules in predicting small bowel patency, because the newer patency capsule has 2 plugs whereas the old version only has 1. The paper they cited (reference 66) was published in 2005. **We detailed about the two patency capsules especially about the new one with two plugs which dissolves in 30 hours compered to more than 80 of the old model; a comparison from 2008 and the guideline from 2018 are cited**

Reviewers number 2 and 4 considered that our manuscript is good and recommended only a more general title. Since it is a minireview we did not include our study experience. A case series will be submitted this year.

It is a general review that discuss old and new information to give a general picture about the use of capsule and the arrive of the new Crohn capsule as reviewer number 3 affirms. We think that it is important to present this information about the evolution of the capsule in crohn to understand its future role in T2T treatment.

Postal codes were introduced. Bibliography was updated.

Dear Editor, thank you again for considering our article for publication in WJGE. We think it will be useful to the readers and change the attitude to a T2T approach in Crohn's disease using also capsule as a tool in these patients.