November 11, 2022

Dear Editor and Reviewers,

We would like to resubmit our revised manuscript (80872-edited). We would like to thank the reviewers for the insightful and helpful comments. We believe these suggested changes significantly enhanced the quality of our manuscript.

Title: Cap-assisted endoscopy for esophageal foreign bodies: A meta-analysis & systematic review

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The manuscript has been improved by suggestions and comments by the reviewers and editor.

Reviewer #1:

In the included articles, Cap assisted technique depends on suction of the foreign bodies only or using other accessories in the same time? Sometimes we use basket or foreign body forceps to grasp the foreign body and withdraw it inside the cap to prevent injury of the wall especially with sharp objects.

Good question. For the most part, the cap-assisted technique used only suction with food bolus impactions. However, with bones, foreign objects, and rare food bolus impactions, the cap-assisted technique used forceps, snare, or net with the suction. We have clarified this in the results as follows:

"Furthermore, the technique differed slightly between the studies. For food bolus impactions, the cap-assisted technique used on only suction with very rare use of any additional equipment (forceps, snare, or net). For foreign bodies, especially sharp bones, the cap-assisted technique often used forceps or snares in addition to suction."

Were the types of foreign bodies comparable in different studies? Sharp objects, magnets and chemical batteries are more injurious the others!

Great point. Yes, the types of foreign bodies were comparable with food bolus impactions being the most studied. Other foreign objects such as fish/chicken bones, jujube pits, and sharp objects (keys, wire, etc) were also removed in most studies. We addressed this in the results section as follows:

"*Lastly, although food bolus impactions were the most studied type of impaction, other impactions such as fish/chicken bones, jujube pits, and sharp objects (keys, wire, etc) were also included in some studies."*

Reviewer #2:

Thanks for sharing this Meta-Analysis. My questions are listed.

1.Is there any difference in the length and shape of these caps used in the six studies included in the final analysis? Do authors think it necessary to conduct a subgroup analysis?

Good point. The cap size did differ somewhat between the studies. We clarified this in the results as follows:

"The type of cap utilized differed between the studies. Three studies used an 18.1 mm diameter cap attached to the endoscope with sticky tape[4,12,16], two studies used a 11.3 mm band ligation cap[14,15], and one study used an Olympus cap but did not specify the size.[19]"

Given the limited studies with each cap, a subgroup analysis was not performed.

2.As an available and less expensive endoscopic assist device, what practical reasons do authors believe may influence the promotion of cap-assisted endoscopy?

Given the significant reduction in procedure time in these cases, we believe this will promote the cap-assisted technique. A bonus is that the cap is inexpensive and widely available.

Thank you for considering our manuscript for publication in your journal.

Sincerely,

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