Response to Reviewers letter

Dear Editor of the Journal of Gastroenterology and Hepatology

We kindly acknowledge your comments and would like to express our gratitude for your thoughtfulness in reviewing in detail our manuscript.
All the comments of the reviewers were addressed.

Reviewer # 1

"The authors have reported the usefulness of capsule endoscopy for the management of the therapeutic regimen in patients with CD. This manuscript is well-written, however, some comments are needed about the contents."

1. "In this manuscript, CE is used as a modality to change the medication for CD patients. The policy to change the therapeutic regimen using CE findings is not clear. The authors should describe the basic stance of changing therapeutic regimen in the Method section. Was that Lewis score, CDAI, or other clinical manifestations?"

One of the main purposes of our study was to understand at which point Capsule Enteroscopy *per se* was sufficient for changing CD treatment. In those patients in the Staging and Post-op groups, changes were easily attributable to VCE findings due to the absence of clinical or analytic abnormalities in these groups.
Similarly, by statistical analysis we could conclude that patients that performed CE due to disease flare had their therapeutic regimens changed also due to CE findings, independently of other variables. They performed steroids for the flare but at the time of CE they were already finished steroids cycle, as we state in the manuscript, representing a time lag between the flare and CE procedure. Therefore, we observed that patients had escalation of their therapy (with statistical significance) only after the realization of the CE, and not after clinical/ analytical alterations.
This new information is now stated in the Methods and in the Discussion sections, as requested.

2. “Was the changed therapeutic regimen according to the CE findings useful to extend the remission stage?”

As we stated in the Discussion section, one of the limitations of our work is its retrospective nature. Therefore, we had not designed the study in order to compare the follow-up of these patients to the patients that did not perform CE. What we can conclude is that the majority of the patients would not escalate therapy if they had not performed CE, since this procedure was crucial for therapeutic changes, even in patients with clinical and analytical remission.
It is well known in the literature that a suboptimal treatment of Crohn’s Disease could led to a worse outcome. Therefore, we strongly believe that therapy escalation in patients with clinical remission but with small bowel lesions detected by CE is of paramount importance for the long-term outcome of Crohn’s Disease.
We now added this discussion in the manuscript, as requested.

3. “Was Lewis score related to the CDAI score for CD patients in this study? A few comments about this point is necessary”

We did not included CDAI score in the patients enrolled in this work since its retrospective nature could make the score calculation inaccurate. However, we were able to clearly identify the patients that performed CE due to disease flare, and what patients were in clinical remission when CE procedure was requested.
We now added information regarding clinical status (remission vs flare) and its relation to Lewis Score in the Results section, as requested.

4. Were there any complications (including retention) in the use of patency capsule prior to CE?

Patency capsule proved to be an extremely useful tool. It allowed us to have no VCE retentions.
Additionally, there were no complications in the use of patency capsule. Even in those patients that had negative bowel patency assessed by patency capsule (and therefore

did not performed CE) no clinical symptoms of retention or other adverse events were reported.

This information is now included as requested, in the end of Results section.