

Dear Editor:

We are pleased to submit the revised version of the letter to the editor entitled "PillCam® SB3 capsule: does the increased frame rate eliminate the risk of missing lesions?" We appreciated the constructive criticisms of the Associate Editor and the reviewers. We have addressed each of their concerns as outlined below.

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REVIEWER COMMENTS:

Reviewing: 1

This is an interesting comment on a recent publication. The Authors use the Papilla of Vater as a surrogate to suggest a potential higher diagnostic yield of the last generation of small bowel capsule endoscopy. This is very intriguing. Nevertheless, I would suggest to add a comment to clarify that the higher Papilla visualization rate does not translate directly to a higher diagnostic yield since other factors (i.e transit times, cleansing level etc) might affect the SB3 diagnostic yield.

- We agree with the reviewer and we have included the following into manuscript: "Besides the rapid transit of the capsule through the duodenum and jejunum and the possibility of incomplete examination of the small bowel, other factors may also directly impair the diagnostic yield of capsule endoscopy, such as poor view quality, folds and loop angulations hiding lesions, lack of insufflation, and intermittent image capture^[4]."

Reviewing: 2

Please eliminate "PillCam? SB3 didn't had a significantly higher completion rate than PillCam? SB2 (98.6%vs 96%, $p=0.62$) - unpublished data [7]." Also papilla is the correct spelling.

- We eliminated this sentence and replaced the term papilla of Vater by major duodenal papilla.

Reviewing: 3

Interesting finding with the suggestion of clear improvement of the diagnostic yield of the PillCam capsule. However, still in 67% of patients the papilla is not visualised, so the real diagnostic yield in capsule endoscopy is still to be discussed...

-We agree with the reviewer and we have included the following into manuscript: " Despite increased major duodenal papilla detection with the PillCam® SB3, higher than most studies reported^[6], in 57% the major papilla is still not visualized, meaning that the risk of missing significant pathologies in the proximal small bowel decreased but was not entirely eliminated."

Thank you again for considering our work for publishing in the World Journal of Gastroenterology.