

## Reviewer Response Letter

Dear Dr. Ya-Juan Ma,

Thank you very much for your invaluable comments on our manuscript:  
No. 27226 “Systematic review: Balloon assisted enteroscopy in Crohn’s disease”

We have read through all of the comments in great detail and we very much appreciate each and every one of them. We have revised our manuscript to address the comments and the revised areas are in red font in our resubmission.

### Reviewer 3260548:

The authors present a systematic review on the use of BAE in CD. The review is important for the readers of WJG and is well written and easy to read. Procedural data and outcomes are properly presented and discussed. The primary outcome is the procedure related perforation rate of BAE. Secondary outcomes are the perforation rate of DBE, the efficacy of stricture dilation and clinical utility of assessing endoscopically CD activity. In this way, the title of the review is misleading, as the review focus more on the safety of BAE than on the usefulness of BAE in CD. I suggest that the title should be changed.

*Thank you for your thoughtful review. We agree that the review’s most compelling aspect is on safety. Thus, the title has been changed to “Systematic review: Safety of balloon assisted enteroscopy in Crohn’s disease”*

Furthermore, the main role of BAE in CD is therapeutic, as it is currently recommended in clinical guidelines (such as ECCO guidelines). To assess the activity of small bowel CD other procedures should be used, such as cross-sectional imaging. In this way, and since most studies included in the review are retrospective, with different inclusion criteria, and different purposes for small bowel evaluation, it is very difficult to evaluate the usefulness of BAE in evaluating small bowel activity and guiding further treatment. This should be acknowledged more clearly by the authors. In summary, I believe that the review should focus more on the safety of BAE in CD, rather than in the role of BAE in CD.

*Thank you for those valid points. We fully agree that the lack of prospective studies and lack of comparison studies to cross-sectional imaging makes assessing the utility of BAE in CD for guiding treatment or evaluating small bowel activity very difficult. It is true that we cannot make conclusions about the prospective use of BAE based on our review. We have added acknowledgement of this issue in the review and have aimed to focus the paper more on safety of BAE in CD.*

*We added “The majority of analyzed studies were retrospective with variable objectives and inclusion criteria. Additionally, the lack of prospective studies comparing BAE to cross-sectional imaging in evaluation of small bowel disease makes evaluating the utility of diagnostic BAE difficult” to the limitations section. We have also changed our discussion and conclusion sections to further address these issues and focus more on the safety of BAE as opposed to drawing conclusions about its role in guiding therapy.*

**Reviewer 2822560:**

The present manuscript is well written. The efficacy, safety and long-term prognosis of balloon dilation using BAE should be separately shown between patients with small bowel strictures and patients with anastomotic strictures. This should be analyzed in the manuscript.

*Thank you for your kind words and helpful review. We agree that etiology of small bowel strictures is vital in evaluation of outcomes. Out of the 171 patients with sufficient follow-up data that underwent stricture dilation, all of the 5 perforations were at de novo strictures resulting from CD. The patients with anastomotic strictures either lacked follow-up data or were not dilated and went to surgery. Thus we couldn't make definite comparisons or conclusions regarding prognosis of stricture dilation by etiology (anastomosis, adhesion, de novo, etc.). We will make this clearer in the results, add this to the limitations, and add this to future studies.*

**Reviewer 3317119:**

The authors showed the safety and the utility of BAE in CD. The paper includes clinically important findings and is well written. Since primary outcome is the risk of procedure related perforation of diagnostic BAE, the authors should write the sites of perforation such as stricture, anastomosis site, adhesion and so on.

*Thank you for your thoughtful review and kind words. We added the information on number of perforations at strictures, anastomosis, or adhesion sites to both the results section and in Table 3.*

**Reviewer 503404:**

A comprehensive metaanalysis, It adds to our current knowledge

*Thank you for your review and kind words. We have worked on improving the language in the manuscript.*

Thank you very much for the opportunity to submit our manuscript to the World Journal of Gastroenterology. We believe we have responded fully to the comments and hope that we can be considered for publication.

Sincerely,

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