Author's response to reviewers

28957: Congratulations you made a good study

71725 :This is a reasonable review of the Endocuff and the methodology is clearly stated and acceptable. The choice of the studies are however quite heterogenous and the article may be improved if the authors can address this issue more both in the methodology and discussion. May be helpful to have figures showing the difference in the endoscopic view with and without the Endocuff

A. As discussed in the "Statistical Analysis" section of the methods, heterogeneity, which is of concern with any meta-analysis, was assessed with the I^2 measure of inconsistency. In the primary outcome, in the results section, efforts were made to address heterogeneity by excluding the study by Floer et al, as per the text. Furthermore, there is a comment regarding the limitations presented by heterogeneity as addressed by the reviewer, in the discussion section.

28957 :This is a nice meta-analysis on EAC. 1) However, the size of adenomas detected is missing. But it is imporant to know these data, as small or diminutive polyps (<5 mm) almoust never will progresss to carcinomas. 2) No data asre given about the costs of the device. this is also important to know, as the insurance companies do not refund the hospitals or practices for the coests of this single use device.

A. Data such as the size of adenomas reported in the included studies is inconsistently available, as many of the included references were reported at national meetings and only published in abstract form, and this level of detail is unavailable.
B. Costs vary depending on individual contracts with the local distributer of the device, and this discussion was consciously excluded from this meta-analysis, which provides no analysis for suggest the cost-effectiveness of the device. We have included a statement at the end of the discussion which addresses the importance of future studies examining this.

28957: In their article "Use of the Endocuff during routine colonoscopy examination improves adenoma detection: A meta-analysis, Chin et al. perform a meta-analysis of nine studies with 5624 patients to compare endocuff assisted colonoscopy with standard colonoscopy. The article is very well written and of special interest as methods helping to improve adenoma detection during colonoscopy are desired. Comments: p.3: The authors state that the adenoma detection rate (ADR) is indirectly proportional to a patient's risk of developing an interval cancer. It would be correct to state that ADR correlates inversely to the risk of interval cancer. p.6: The authors should provide a comment on the study quality of included studies which they have assed using the Effective Public Health Practice Project model. p.8: The authors might add that loss of the device occured only in one study (did this have an influence on the procedure during which this complication occured? Did this complication not occur in other studies?). p.9/Discussion: The authors did not comment on funnel plot to assess potential publication bias. They should also comment potential publication bias because of excluding studies published in foreign language (n=7). p.9/Discussion: Procedures were performed for varies indications, therefore the overall performance of the endocuff in solely screening colonoscopies remains to be investigated further. Table 1: The article by Biecker et al. was published in 2015 and not in 2014 as stated in the table. Table 1: The mean cecal intubation time is probably not displayed correctly for Ref 17 and 21.

A. Edits have been made in the text to reflect these insightful and thoughtful comments as indicated.