

Format for ANSWERING REVIEWERS

November 26, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14398-review.doc).

Title: Re-bleeding events in patients with obscure gastrointestinal bleeding after negative capsule endoscopy. A long-term follow-up study

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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 14398

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer 02445653

(1) P (Saurin classification) concept of SB lesions in capsule endoscopy was introduced in the methods section and referenced. P2 and P1 lesions were excluded from the analysis and follow-up. We focused only in patients with OGIB and P0 findings on WCE.

(2) We reduced the number of tables (6 to 4).

(3) The time from OGIB to WCE was introduced and analyzed (Table 4). Contrary to the overt OGIB detection, it is difficult to exactly date the time from occult OGIB to WCE, hence, we calculated the time between [Hb] drop (2g/dL) detection to WCE procedure in this group.

(4) Further endoscopic follow-up investigations (Upper, lower endoscopy, WCE) after re-bleeding and cause were introduced in Figure 1 and text (in detail).

(5) Language issues were improved.

2 Revision has been made according to the suggestions of the reviewer 00068472

(1) We consider that long-term follow-up for this subgroup of patients (OGIB with a negative WCE) is important in order to rule out missed diagnoses, as gastrointestinal re-bleeding secondary to small-bowel lesions is significant. However, the exact follow-up or further exams remain to be established.

(2) Indeed, as also suggested by another reviewer, miscellaneous causes were excluded from the re-bleeding patients group. Due to the long follow-up used in this study, these cases were probably not present at index OGIB episode. After this modification, appropriate changes (tables, text) were made, however, major changes in hazard ratios and p-values did not happen.

(3) Language issues were improved.

3 Revision has been made according to the suggestions of the reviewer 02941324

(1) Underlined typos were fixed according to the attached document.

(2) The term "Rebleeding" was changed to "re-bleeding" in all text, tables and figures.

(3) The baseline iron status of patients referred for occult OGIB is presented in Table 1.

(4) We introduced Figure 1 to demonstrate how re-bleeders were followed, what endoscopic

investigations were carried out and causes of re-bleeding.

(5) As suggested by the reviewer, we state in the text, that subgroup analysis was performed in order to do a comprehensive analysis.

(6) Language issues were improved.

4 Revision has been made according to the suggestions of the reviewer 02725329

(1) Suggested cases were excluded from the re-bleeding patients group.

(2) One patient, along the follow-up, was diagnosed with Crohn's disease. After careful review of this patient first WCE and ileocolonoscopy, indeed there were no early endoscopic signs of small-bowel Crohn's disease. However, after the second ileocolonoscopy, the diagnosis was confirmed and the patient is considered to have colonic Crohn's disease without small-bowel involvement. This patient was excluded as re-bleeding occurred due to non small-bowel lesions.

(3) In Table 4, groups were compared and *p*-value is presented, as suggested.

(4) Language issues were improved.

5 Revision has been made according to the suggestions of the reviewer 00075338

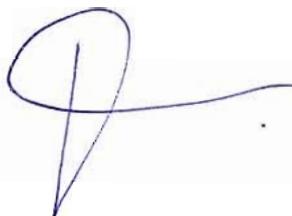
(1) The first WCE to be performed in our center dates from 12 of January 2006 using the SB (R) (former M2A). Since June 2007 our center started to use SB2 Given Pillcam. This fact was amended in the text.

(2) Language issues were improved.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,



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