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Revisions

Comment 1

The role of small bowel examination for initial staging is underscored and there are inconsistencies. In Introduction the authors write "...small bowel investigations are mandated where there exists a strong clinical suspicion of proximal disease..." This is not consistent with what the authors write in "Capsule Endoscopy": "When CD is diagnosed...it is recommended to assess the extent of small bowel disease" Current ECCO-Guidelines say "Irrespective of the findings at ileocolonoscopy, further investigation is recommended to examine the location and extent of any CD in the upper gastrointestinal tract or small bowel.

Revision: We state in our introduction that further investigations of small bowel and upper gastrointestinal tract are recommended after ileo-colonoscopy in suspected Crohn's disease: "The diagnosis of CD can be difficult, small bowel and upper gastrointestinal investigations are recommended after ileo-colonoscopy^[1]."

Comment 2

Concerning CRC surveillance readers could be misled to over interpret what is written and limit surveillance to "high risk patients". In the Introduction authors write "surveillance is imperative in patients with longstanding colonic IBD" (without commenting on disease limited to the rectum). In Conclusion the authors write: "Guidelines increasing (should be increasingly) recognize the need of target

surveillance(e.g. patients with PSC). Current ECCO Guidelines say:" Ongoing surveillance should be performed in all patients apart from those with proctitis or Crohn's colitis involving only one segment of colorectum [EL4][Voting results: 100% agreement]."

Revision: We have amended our introduction, which now states that "Colorectal cancer (CRC) surveillance is imperative in patients with longstanding colonic IBD, except in patients with proctitis or colonic CD limited to only involving one segment of the colorectum^[2]." We have removed our last sentence "Guidelines increasingly recognize the need to target surveillance towards high risk populations of patients with IBD (e.g. patient with PSC)" as this may cause confusion, all patients with longstanding extensive colonic IBD, are recommended to be offered endoscopic surveillance.

Comment 3

The role of Capsule endoscopy is over rated Authors write : "VCE is useful in the management of patients with known or suspected....." Instead of "is useful" the weaker wording "can be useful" appears more appropriate. The authors should be more specific on (the rather limited) practical and recommended use of VCI in IBD.

Revision: The sentence changed to VCE can be useful in the management of patients with known^[27, 28] or suspected IBD^[29], by visualising mucosa not readily accessible by standard endoscopy.

We state in the introduction that "Video capsule endoscopy (VCE) is useful in the diagnosis and evaluation of patients with IBD, especially non-stricturing small bowel disease."

Comment 4

Mucosal healing (fist sentence): "Clinical and endoscopic remission correlate poorly." the authors should add "especially in Crohns disease" or something similar - because in CD the correlation is much better.

Revision: Sentence changed to "Clinical remission and endoscopic remission correlate poorly^[60], especially in CD."

Comment 5

Tabel 1 is quite sparse there are numerous additional mimics of IBD including amebiosis, Campylobacter infection, and others. The authors should add important mimics to the table.

Revision: We have added further mimics of IBD to table 1, including solitary rectal ulcer syndrome, effects from medications including NSAIDs and Ipilimumab, amebic and campylobacter colitis.

Comment 6

The authors should more specifically reflect to what extent and in which clinical situations novel procedures are widely recommended and used.

We state in the introduction that "Video capsule endoscopy (VCE) is useful in the diagnosis and evaluation of patients with IBD, especially non-stricturing small bowel disease. Chromoendoscopy with targeted biopsies are recommended in section on colorectal cancer surveillance, as chromoendoscopy is "more cost effective than traditional WLE endoscopy with random biopsies, and are recommended as preferred method of surveillance in recent guidelines."