Tyler Aasen, D.O.

East Tennessee State University Quillen College of Medicine

Email: tdaasen@gmail.com

Phone: (423) 534-8397

Fax: (423) 439-6386

January 19th, 2018

Dear Editor,

Thank you for potentially accepting our manuscript number 45422 entitled "No Significant Difference in Clinically Relevant Findings Between Pillcam® SB3 and Pillcam® SB2 Capsules in a United States Veteran Population". We also thank you for the opportunity to provide a revised document and we ultimately feel that the editor's and reviewer's comments will make the paper stronger. A detailed response to the editor's and reviewer's comments are found below.

Editor requests and comments:

1. In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information. The accepted formats are mp3 or wma.

   Author response: Thank you for an opportunity to provide this. An mp3 file containing this has been uploaded.

2. Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

   Author response: A powerpoint file containing the requested materials has been uploaded.

3. Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Author response: The requested font and spacing has been applied to the manuscript

4. Please revise and perfect your manuscript according to peer-reviewer's comments. Please upload the required files on the system.

   Author response: The peer reviewer comments have been addressed as described below, and file has been uploaded. We appreciate the opportunity to provide a revised manuscript.

5. Manuscript NO:

   Author response: The manuscript number has been added.

6. Please add photos comparing SB3 and SB2.

   Author response: The authors agree that photos will enhance the article and Figure 1 has been generated to provide the requested photos and has been uploaded to the system. We appreciate the opportunity to add this figure and we hope that the editor and reviewer are satisfied with the provided images.

7. Please add 5-10 key words here words that could reflect content of the study mainly from Index Medicus

   Author response: The key words have been updated according to the Index Medicus and the changes are reflected in the revised manuscript.

8. Please provide all authors abbreviation names and manuscript title here. 2019; In press

   Author response: The requested line has been added to the manuscript in the specified location.

Reviewer's comments:

1. "But I would like to suggest the authors that they need to go further IN ORDER TO IMPROVE INTRODUCTIOn AND DISCUSSION and suggest the ways and

future for other similar studies Firstly try to make a posthoc analysis including only the principal indication of CE study "Occult and overt GI bleeding " and to confirm the results obtained are the same of the total group . Second one, Try to analyse and comment the differences of the CE devices tested in the clinical practice ,if they were , that should be taken into account before their use by the readers of this paper, Thirdly, Perhaps the authors should comment in the introduction or the discussion part, the need to analyse the impact of the SB3 vs SB2 in the setting of the small group of CE study indications such as Crohn diseases, mass and polyps and so on , in order to check if the results obtained in the great group of occult GI bleeding would be maintained Finally the authors should comment something about the possible plateau of the diagnostic yield of the CE studies. I mean that perhaps this procedure has in the real clinical world a maximum rate of detection of clinical relevant findings , that it would not be exceeded not matter how many enhancement were made in the CE device ,at least for all the possible indications . Therefore it is interesting to know the authors opinion about the possibility of use of a cheaper CE device for some indications, and to boost multicentric prospective randomised studies with the more expensive and enhanced CE devices only for the the least studied indications"

Authors response: The authors appreciate the recommendations and comments made by the reviewer and agree that including the above information will enhance the article. A breakdown of the response follows:

1. "But I would like to suggest the authors that they need to go further IN ORDER TO IMPROVE INTRODUCTIOn AND DISCUSSION and suggest the ways and future for other similar studies Firstly try to make a posthoc analysis including only the principal indication of CE study "Occult and overt GI bleeding " and to confirm the results obtained are the same of the total group."

   Authors response: The authors appreciate the reviewer comment and agree that the future direction of similar studies should be included in the article. Specific comments to include a posthoc analysis as described above have been included in the discussion section.

2. "Second one, Try to analyse and comment the differences of the CE devices tested in the clinical practice ,if they were , that should be taken into account before their use by the readers of this paper."

   Authors response: The authors appreciate this comment and agree that outlining the differences and most commonly used capsule is indicated. Additional text to the introduction and discussion section has been included.

Additionally, specific pictures that outline the visual differences between SB3 and SB2 capsules has been provided in Figure 1, in response to the editor's recommendation.

3. "Thirdly, Perhaps the authors should comment in the introduction or the discussion part, the need to analyse the impact of the SB3 vs SB2 in the setting of the small group of CE study indications such as Crohn diseases, mass and polyps and so on , in order to check if the results obtained in the great group of occult GI bleeding would be maintained."

   Author response: The authors agree that our study includes a significant portion of occult GI bleeding and therefore studies that evaluate other indications such as crohn's disease, masses and polyps, and others should be performed to ascertain if the results in our study apply to these smaller subgroups. Additional text in the discussion section has been added to highlight this point.

4. "Finally the authors should comment something about the possible plateau of the diagnostic yield of the CE studies. I mean that perhaps this procedure has in the real clinical world a maximum rate of detection of clinical relevant findings , that it would not be exceeded not matter how many enhancement were made in the CE device ,at least for all the possible indications . Therefore it is interesting to know the authors opinion about the possibility of use of a cheaper CE device for some indications, and to boost multicentric prospective randomised studies with the more expensive and enhanced CE devices only for the the least studied indications"

   Author response: We appreciate this comment and agree with the reviewer's suggestion that there may be a plateau of diagnostic yield, or in other words, that additional capsule enhancement may not necessarily improve clinically relevant findings during capsule endoscopy procedure. It may be reasonable to utilize cheaper capsules for certain indications however we agree that additional data would be needed prior to recommending this. This point has now been included in the discussion section to reflect the above comments.

Thank you for the opportunity to provide the above revision changes.

Sincerely,

Tyler D Aasen, D.O.
East Tennessee State University Quillen College of Medicine