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Authors' reply

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We thank Coşkun *et al* [1] for their opinion about our publication [2] in which we indicated that "The combination of water exchange with these selected caps is new, and the findings should be confirmed in further studies before their use is recommended for performance improvement to increase ADR and APC" [2].

Response to point 1: P-value is at the borderline, and the result is not strong. When the study was planned (around 2016), there were no published data on the efficacy of Endocuff Vision (ECV) with water exchange. Given that our study was one of the first set of trials involving water exchange and ECV, though not necessarily conclusive, the borderline result was worthy of mention. "To generate pilot data for further studies … ECV was included to preserve committed coinvestigators' participation to ensure adequate recruitment of No cap and SC patients", when the use of Daisycuff was disapproved by the local institutional review board at 2 sites.

Response to point 2: While we acknowledge that it was not a stated goal, Fuccio *et al* [3] reported that water exchange significantly increased overall ADR, ADR in screening cases, and in the right side of the colon. Their meta-analysis was published after we completed our study planning and motivated us to report this finding. We may not have been aware of this specific interest at the time of planning the study.

Response to point 3: We are aware that there were differences in withdrawal time between centers. They were consistent with literature data, as we pointed out in the Discussion "All withdrawals exceeded 9 min [4] and were close to 13 min" [5]. The longer time was not deliberate, due to additional inspection or additional steps in searching for adenoma, etc. There was no *a priori* cause.

References

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Conflict of Interest: None

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