Reviewer 35859

This article "Ethnic Variations in Ulcerative Colitis: Experience of an International Hospital in Thailand" covers an important area in IBD. The authors need to mention why the patients with other ethnicity visited their hospital, for medical tourism or did they need admission on holidays?

We are happy that the reviewer agrees with the importance of our work. Bumrungrad international hospital has been famous for foreign patients who need all level of care. Majority of our patients were from the Middle East, United States, European, as well as neighboring countries primarily for medical care. The first sentence of the last paragraph in the Introduction section was revised.

Authors mention the difference in the disease extent in different ethnic groups. The anatomic extent changes in almost a fourth of patients over period of time. The authors should mention if they have adjusted the disease extent to the duration of disease.

We added more discussion on the potential effect of the change in disease extent over time to the study limitation in the Discussion section.

The para "Assuming comparably high socio-economic status of our patients, the Thai population had two times lower incidence of pancolitis than Oriental. This finding is useful for both clinicians and patients to choose 'optimal' investigation when expense, invasiveness, and yield are of concern. That is, a Thai patient who prefers gentle procedure and/or has cost concern might be more likely to get sigmoidoscopy than a Japanese patient with similar conditions." Needs explanation: Is this for initial diagnosis, follow up or for surveillance?

More explanation was added to the 4th paragraph of Discussion section.

The statement " Our institutional data revealed that Middle Eastern patients had almost twice the incidence of UC as that of Caucasian patients" is biased. This is a select group of patient with relatively small sample size and cannot be generalized.

Yes, the potential selection bias that limits generalizability of the findings was likely. However, the main purpose our study was to customize our medical services to meet relatively different needs of patients from various origins rather than to conclude about UC incidence of an ethnic origin. This limitation was therefore added to the Discussion section.

The statement "Our clinical practice has taken this into account by tailoring the initial investigations to meet the different needs. For example, although a Thai patient who presents with chronic diarrhea would receive stool examination and culture, a Middle Eastern patient with the exact same condition would also be tested for fecal calprotectin.[10] " is questionable in practice. Would the authors treat a patient separately depending on ethnicity of a patient presenting to their international hospital? What in their opinion, should be change in current guidelines?

Like demographics of a patient, ethnicity was just another important supporting information to 'guide' our clinical practice to be most optimal. This approach allowed better informed decision-making process for patients, physicians and hospital staff.

Reviewer 2927318

In this paper, the authors conducted a retrospective single-center study to investigate the clinical characteristics, treatment, medication use, and treatment response of patients with UC in Thailand. It is interesting that the results showed ethnic differences in severity, distribution, and response to treatments for UC. However, this manuscript contains several crucial problems. Therefore I have concerns as follows: 1) Inclusion criteria should be described more clearly. For example, how was the diagnosis established in this study? The authors should describe about in the Method section.

The diagnosis of UC is suspected on clinical grounds and supported by the appropriate findings on proctosigmoidscopy or colonoscopy, biopsy, and by negative stool examination for infectious causes (Sachar DB. What Is the Role for Endoscopy in Inflammatory Bowel Disease? Am J Gastroenterology. 2007;102(S1):S29-31). More detail on the diagnosis of ulcerative colitis was added to the Method section.

2) How the active colitis and the disease distribution were assessed is also not clearly described. Did all of the patients need total colonoscopy to confirm the distribution of the colitis?

Yes, all patients received total colonoscopy to confirm the distribution of the colitis. The Montreal classification was used to classify severity of the disease. The Method section was revised accordingly.

3) Because which data show significant differences and which do not is not clearly showed in the Results section or the Tables and Figures, the results of this

study are difficult to understand. For example, the authors stated that "ME patients had highest prevalence of pancolitis" and also stated that "Overall, 29.23% did not respond to steroid therapy, higher proportion of non-responder among Oriental and South Asian patients" in the Results section. Are these significant differences?

Relevant p values were added to the respective parts of the Results section.

4) How were the patients having steroid resistant defined in this study?

The following definitions for steroid responses were used in this study: "A patient with clinical response to high-dose glucocorticoids (prednisone 40 to 60 mg/day or equivalent) within 30 days for oral therapy or 7 to 10 days for intravenous therapy was classified as steroid responsive. Steroid dependent case was defined if glucocorticoids cannot be tapered to less than 10 mg/day within three months of starting steroids, without recurrent disease, or if relapse occurs within three months of stopping glucocorticoids. A patient without a meaningful clinical response to glucocorticoids up to doses of prednisone 40 to 60 mg/day (or equivalent) within 30 days for oral therapy or 7 to 10 days for intravenous therapy was classified as steroid refractory." The statements were added to the Methods section. We slightly revised the respective parts of the Results section and removed Figure 2 to reduce confusion.

5) Other treatment options, such as immunomodulators and biologics, are supposed to be evaluated and discussed in this study.

The number of patients who received immunomodulators and biologics were too small to be evaluated or discussed.