

- I. *Reviewer 1: This is an important concept but I have a little concern that there may have been an ischaemic cause. This could be discussed further. Would biopsy help. There is a logical causal relationship between capecitabine treatment and the development of ileitis. Possibly with the publication of these cases this condition will become recognized and a logical management protocol will evolve.*
 - a. Addressed concerns. mentioned in first case ischemic causes were explored however colonoscopy findings as well as patient's symptoms were not consistent with ischemia. Additionally, patient did not have elevated lactate which would have been elevated in ischemia.
- II. *Reviewer 2: This is an interesting manuscript, discussing an important issue for patients on capecitabine with diarrhea refractory to conservative methods. The authors suggest that prompt recognition and discontinuation of capecitabine is an imperative step in proper management of this condition and colonoscopy with biopsy can be helpful when the diagnosis is unclear. This paper is well written and the authors combined themselves with others six colonoscopy reports and determined some patterns in the presentation of this condition. This research has contributed to the according field. Few comments below. 1. All abbreviations require a full name the first time they appear. 2. The title for the table 1 need to be reorganized. ' Colonoscopy and histology reports from previous and our present case reports of capecitabine associated ileitis '?*
 - a. All abbreviations were changed to have a full name the first time they appear.
 - b. Title reorganized for table 1: 'Colonoscopy and histology reports from our case series and prior case reports of capecitabine associated ileitis'
- III. *Reviewer 3: Capecitabine associated ileocolitis is rare. The authors presented 2 cases with colonoscopic pictures which is a valuable information for the readers. They also specified that the symptoms may persisted longer even discontinuation of the drug and refractory to the available treatment modalities except total parenteral nutrition.*
 - a. No reviewer concerns (edits made to address minor language polishing)
- IV. *Reviewer 4: Congratulations! This is an interesting case report worth publishing.*
 - a. No reviewer concerns (edits made to address minor language polishing)