

## **Point by Point Response to Reviewer 1**

We thank the Reviewer for her/his comments.

**Comment 1:** In addition to symptoms such as stool changes and abdominal pain, IBD patients may also experience a range of extraintestinal symptoms which include bone alterations. This review aims to summarize the epidemiology and pathophysiology of metabolic bone alterations in IBD subjects outlining the main risk factors for bone fragility. And it also high light the role of the screening and prophylaxis for bone alterations in IBD patients and the importance of appropriately treating MBD, which has an important clinical significance. While there are still something that should be modified: First, it will be better to draw a schematic diagram to display the molecular pathway in the pathophysiology of bone alteration in IBD. Second, some parts of the review are somewhat redundant. For example, some parts of the diagnosis of osteoporosis and pharmacological management of OP are not relate with the IBD. Above all, this is an interesting review that is informative and has important clinical implications for patients with IBD with bone alterations.

**Answer 1:** As suggested, we added a new figure (Figure 3 of the revised manuscript) outlining pathophysiology, including molecular pathophysiology, of bone alteration in IBD (page 22, lines 18-20). Legend to figure appears in (page 41, lines 11-12). Also, because of the reviewer's concern we have considerably shortened partagraphs dealing with diagnosis and treatment of osteoporosis.

## **Point by Point Response to Reviewer 2**

We thank the Reviewer for her/his comments.

**Comment 2:** In addition to symptoms such as stool changes and abdominal pain, IBD patients may also experience a range of extraintestinal symptoms which include bone alterations. This review aims to summarize the epidemiology and pathophysiology of metabolic bone alterations in IBD subjects outlining the main risk factors for bone fragility. And it also high light the role of the screening and prophylaxis for bone alterations in IBD patients and the importance of appropriately treating MBD, which has an important clinical significance. While there are still something that should be modified: First, it will be better to draw a schematic diagram to display the molecular pathway in the pathophysiology of bone alteration in IBD. Second, some parts of the review are somewhat redundant. For example, some parts of the diagnosis of osteoporosis and pharmacological management of OP are not relate with the IBD. Above all, this is an interesting review that is informative and has important clinical implications for patients with IBD with bone alterations.

**Answer 2:** Because of the reviewer's concern, the manuscript has been considerably shortened and the revised version consists of 7649 words and 123 references compared with the first version (8455 words and 133 references).