

Answering the reviewers:

REVIEWER 1 QUESTIONS:

I would like to make some suggestions:

- a) Replace sex to gender (in the text)
- b) Correction of some words
- c) Include as key words : predictors , outcomes

Table 1 - **TABLE 1. CLINICAL CHARACTERISTICS OF STUDY POPULATION**

- c) about medications in table 1 - it was repetitive the use of **at VDZ**

initiation

- d) Change Immunomodulation to imunomodulators or imunossupressors
- e) There were no mention of associated extraintestinal manifestations (these patients were excluded?)
- f) Which is time used in Oxford to justify the replace of Anti TNF to VEDO? Different from Australia?

ANSWERS:

- a)In all the areas word sex was replaced with gender.

b) Correction of some words

page 204 “-“ taken off from side-effects and written as side effects

page 278 immunomodulatory exposure was changed to immunomodulator exposure

page 287 immunomodulatory exposure was changed to immunomodulator exposure

pages 348 and 349 immunemodulator was changed to immunomodulator

page 360 sideeffects spelling corrected to side effects

page 360 catastropic spelling corrected

cyclosporine spelling changed to cyclosporine through out

page 393 an extra gap was taken away

Changed from LOS to LOR thorough out the text for “loss of response”

- c) predictors and outcomes added as **keywords**

2) Table 1 characteristics spelling corrected

- c) Repetitive use of **at VDZ initiation**: Init is used as an abbreviation avoiding repetitive use of **at VDZ initiation**

d) **immunomodulation** changed to immunomodulators at all places in the text and table.

e) **no mention of extraintestinal manifestation**: these patients were not excluded, we did not have enough data from the centers to report this in the paper .

f) change of **Anti-TNF to Vedolizumab** was made at physician discretion at all centers when deemed appropriate, example: if there is loss of response to anti-TNF or if they developed side effects. Time periods (how long they used anti-TNF before changing to Vedo) was not collected.

REVIEWER 2 Questions:

The limitations were well discussed but I would like to see in this article a comparison of long term remission with infliximab, an Anti TNF with more efficacy than adalimumab to treat moderate to severe UC.

ANSWERS:

Comparison of Vedolizumab to Influximab: sentences added from pages 369-374 and further references added which compare Vedolizumab to infliximab (references 21,22,23)