

June 14, 2020

Prof. Lian-Sheng Ma  
Company Editor-in-Chief, Editorial Office  
World Journal of Gastroenterology

Dear Prof. Ma:

Thank you for giving us the opportunity to revise and improve our research. We have responded to the reviewer's and editor's comments, have revised the manuscript accordingly, and are resubmitting the revised manuscript (ID: 56653) entitled "*Updated bone mineral density status in Saudi patients with inflammatory bowel disease.*" Red font indicates our changes in the manuscript.

We thank the reviewers for their valuable comments, and we appreciate the opportunity to publish our work in your journal.

Sincerely,

Mohammad Ewid, Assistant Professor  
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## Response to Reviewer's Comments

Reviewer's comments:

1. The study is presented as a cross sectional study, but in some parts is referred as a “prospective study” (in abstract and discussion). It needs correction.

**RESPONSE:** We corrected that in the abstract, results, and discussion sections.

2. Please discuss the greater number of CD compared to UC patients. Is the incidence of CD higher in Saudi Arabia compared to UC? - Were patients included consecutively?

**RESPONSE:**

1. Yes, based on the literature review, we found that the incidence of CD is much higher than that of UC in Saudi Arabia. We agree with the reviewer and have elaborated on this important issue in the discussion section and provided evidence for this finding with two references, one from the Annals of Saudi Medicine (indexed in PubMed, PMC, DOAJ, SCOPUS) and another from the Saudi Journal of Gastroenterology (indexed in Web of Science, SCOPUS, DOAJ, EMBASE/ Excerpta Medica, MEDLINE/Index Medicus, PubMed Central, EMR IndexMedicus, Science Citation Index Expanded). [Added to the revised manuscript (p. 8, para. 6)]
  2. Yes, our sample was consecutively recruited from King Fahad Specialist Hospital.
3. The authors cited the mean value of CDAI and Mayo score, but it is important to mention how many patients were in clinical disease activity and in endoscopic disease activity, if available.  
  
**RESPONSE:** We reviewed the data and found that the number of patients with severe clinical disease activity and endoscopic activity was higher in the UC group than in the CD group (7 vs. 3 patients). [Added to the revised manuscript; (p. 7, para. 1)]
  4. What about the other medications in use? There is no mention about the use of mesalamine and azathioprine.

RESPONSE: We reviewed the data and found that azathioprine was utilized in 82% of CD patients and 37% of UC patients. Mesalamine was utilized in 10% of CD and 81% of UC patients. [Added to the revised manuscript (p.7, para. 2 & Table 1)]

5. Please explain the high value of calprotectin in UC patients. Are UC patients in clinical disease activity?

RESPONSE: Yes, we attribute this high value of calprotectin to the higher percentage of UC patients with clinical activity than CD patients.

6. Please insert footnote regarding abbreviations used to clarify the data in tables.

RESPONSE: We added a footnote for all the abbreviations in Table 2.

Editor's comments:

1. I found the authors did not provide the approved grant application form(s) or funding agency copy of any approval document(s)

RESPONSE: We have now uploaded the required document.

2. The authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

RESPONSE: Editable figures within a PowerPoint are now uploaded with the revision.

3. I found the authors did not write the "article highlight" section.

RESPONSE: The article highlight section has been added. [Added to revised manuscript (p. 9-10)]