

14 December 2020

Dear Prof. Lian-Sheng Ma, Science Editor, Company Editor-in-Chief of the *World Journal of Gastroenterology*,

We acknowledge the revisions to our manuscript “Real-World Disease Activity and Sociodemographic, Clinical and Treatment Characteristics of Moderate-to-Severe Inflammatory Bowel Disease in Brazil” (Manuscript Number: 60056), which contributed to its improvement! All comments were addressed in this new version. Bellow, you may find our point-by-point response.

We are now submitting a new version, for your appreciation.

We look forward to your response.

Yours sincerely,

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### ***POINT-BY-POINT RESPONSE***

#### **Reviewer #1**

This is a well-written manuscript about the correlation between disease activity and sociodemographic characteristics in Brazil. In a large country like Brazil, I think it is not easy to write such a paper like this.

**Authors:** Thank you for the feedback!

I have some questions:

1. In Discussion (second paragraph, p.14), why there were different results between your study and the others? Please describe in detail.

**Authors:** We have completed the discussion with our hypothesis regarding the differences between our study results and others: “The higher proportions of CD patients with a worse phenotype that we observed in our study – compared to others – could have resulted from differences in study populations, as we included patients that had a previous moderate-to-severe episode and that were followed at IBD referential centers – which, in general, receive patients with more complicated disease.”

2. Do you think your study make any difference about our daily clinical practice? What is your recommendation in IBD treatment if I practice in SE, S, or NE/MW in Brazil? (...)

**Authors:** Thank you for addressing this perspective. In the conclusion, we have further developed the implications of our study: “Although the Brazilian public health system is free and universal, patient access to specialized care is frequently delayed and difficult. Furthermore, biological therapy, until very recently, was available through the government health system only to CD, which could justify the low use by UC patients. As the prevalence of infectious disease – an IBD risk factor in Brazil[43] – is high in NE/MW region, the physicians from primary health care and also specialists from other areas (e.g., dermatologists, rheumatologists), should be informed and aware about IBD, in order to perform an earlier diagnosis and/or referral to centers with expertise in IBD. We suggest that, with more timely diagnosis of UC and with the improvement of patient access to biologic drugs in this region, a better control of UC activity can be achieved. Future studies in this region should also address other IBD risk factors such as education level, local geographic features, urban residency, family size and use of treated water, on a context of public health strategy.”