

Prof. Subrata Ghosh,
Prof. Andrzej S Tarnawski,
Editors-in-Chief
World Journal of Gastroenterology

Frankfurt, 24th January 2021

Dear Prof. Ghosh,
Dear Prof. Tarnawski,

Many thanks for your positive response to our manuscript and for the helpful comments of the editors and reviewer. I am now pleased to submit our revised manuscript ***Chronic intestinal failure and short bowel syndrome in Crohn's disease (Manuscript No. 61236)*** for your reconsideration for publication in the *World Journal of Gastroenterology*.

All changes have been highlighted in the manuscript for your convenience. In response to the comments of the scientific editor, we have included PowerPoint files of the figures and the visuals for Table 2. A statement concerning the authors' contributions is to be found directly after the end of the text part of the manuscript. The references and citations have been changed to meet the journal's style requirements.

Please find our detailed replies to the reviewer's comments below:

Reviewer #1

1. The title talks about CIF and SBS, but SBS is only one of the causes of CIF. This statement needs to be discussed better.

Thank you for your comment. We have addressed this as part of the new section on classifications (pages 3-4, highlighted text), as well as within Figure 1. For additional clarity, we have added a table (new Table 1) showing the five different pathophysiological types of CIF, of which short bowel is the most common - especially in patients with Crohn's disease, on which this article focuses.

2. It is necessary to discuss, among the causes of CIF, both those from impaired digestive capacity and those from impaired absorptive capacity.

Thank you for your helpful comment, in response to which we have added a section describing four commonly used types of classification of CIF (see pages 3-4, highlighted text); pathophysiological, anatomical, functional and clinical, shown also in Figure 1. In addition, a new table (new Table 1) has been added to show the five different pathophysiological types of CIF, as stated above.

3. CIF measurement systems, as well as clinical and laboratory parameters needed to diagnose CIF, must be explained and discussed. The study of steatorrhea and creatorrhea are necessary.

Thank you for these suggestions. Diagnostics are an important aspect that we had omitted to cover. In the revision, we have added a passage on page 6 describing diagnostic workup, as well as an additional table (Table 3) showing recommendations for routine laboratory monitoring of patients receiving parenteral nutrition. Steatorrhoea and creatorrhoea have been mentioned in this context and references to the appropriate literature added (new references 27 and 28).

I hope you will agree we have been able to deal with both the editorial issues and those raised by your reviewer, and that you will be able to accept the revised article for publication in your journal.

On behalf of the authors, I hereby reaffirm that the manuscript has not been published in any other form, neither is it currently under consideration for publication by any other journal. Our conflicts of interest and copyright agreement have been duly submitted herewith.

I look forward to hearing from you.

Kind regards,

A handwritten signature in purple ink, appearing to read 'J. Stein', with a long horizontal stroke extending to the right.

Jürgen Stein

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