

Dr. Lian-Sheng Ma

Editorial Office Director, Company Editor-in-Chief, Editorial Office

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Dear Dr. Ma,

We thank the editors and the reviewer for reviewing our manuscript entitled “Progress of ulcerative colitis patients during the coronavirus disease 2019 pandemic”. We have revised our manuscript according to the recommendations from the editor based on the comments from the reviewers. We believe that our revised manuscript meets the standard for publication in the *World Journal of Clinical Cases*. We also believe the influence of the COVID-19 pandemic on ulcerative colitis patients is of interest to doctors in the field of IBD, as well as patients. Thank you again.

Toshikuni Suda, MD, PhD

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Point-by-point Responses

Reviewer 1

This manuscript demonstrated the effect of chronic stress from COVID-19 on disease condition in ulcerative colitis (UC) patients aggravated after the first wave. The authors found that the disease activity of UC patients recovered in 2021 and remained stable in 2022, aggravated by the stress of the first wave of COVID-19 in 2020 despite the persistence of the pandemic. This is a very interesting study. However, I still have several questions and suggestions listed below. Please make an answer or revision. 1. According to the gender information in Table 1, there were 9 fewer people in 2021 compared to 2020, and 8 fewer people in 2022 compared to 2021, which does not match the 11 and 10 people mentioned in the main body. 2. The small sample size of this study may

have a certain impact on the results. 3. The language of this article still needs further refinement. According to the above, I suggest the authors should answer the questions and make a revision.

1. 10 patients dropped out in 2022-2021 and 11 patients in 2021-2022. The text has been corrected. (Page 6, Line 23 and Page 8, Lines 17-19)
2. Of the 21 patients who dropped out, 1 was pregnant, 5 relocated to other areas, and 4 are currently visiting another clinic. None of these 10 cases have rekindled. We have not been able to confirm the status of the remaining 11 drop-out cases, but we do not believe that those results would have a significant impact.
3. To improve the writing, we have had a professional English advisor provide proofreading.

Reviewer 2

The topic of this study is interesting and attractive. Most of IBD doctors was embraced by this new pandemic disaster and we did not know how COVID10 would influence IBD patients either directly or indirectly. However, this study has some major limitations before drawing conclusions. First, the results, concerning UC-DAI and Matts grading, showed too little information except means and SD. In particular, I wonder how many patients were included in biopsy study and why?. Usually, biopsy procedure was not performed in every follow-up colonoscopy or sigmoidoscopy during UC follow-up. In addition, site or indication of biopsy is important and they are different case by case. Therefore, i think it is difficult to compare, so need to

compare baseline characteristics between each groups. Second, as you mentioned, of the 289 UC patients in 2020 study, 11 patients dropped out as of 2021, and another 10 patients dropped out as of 2022. I think you clarify the reasons of drop out because there may exist the possibility that transfer to other medical institution caused by acute exacerbation of disease can influence the statistical results. Third, peers understand it is inevitable that this study has some limitations but if you comments the limitations you experienced during the process, it would be better. Thank you for your inventive and informative study.

1. All patients included in this study underwent total colonoscopy. Biopsies were taken whenever the endoscopist perceived an inflamed region. As a result, all patients who underwent colonoscopy were included in the biopsy study. The highest Mats grading for each patient was regarded as the Mats grading score, and was used for comparisons.
2. Please refer to our response to Comment 1 from Reviewer 1.
3. A key strength of this study was that every patient underwent total colonoscopy and pathological evaluations, although a limitation was that the study was inevitably retrospective in design.