

Dear Editor,

## **Reply to Reviewers**

We would like to thank the Reviewers for their assessment of the revised paper, and for their comments that have enhanced the clarity of our manuscript.  
We revised the text accordingly, and hope that all queries were addressed satisfactorily.

### **Reviewer #1**

*This review is comprehensive and well-written. It may benefit from a figure (image) depicting the proposed pathophysiological steps of fibrosis in the intestinal mucosa.*

**Thank you for your suggestion. We did not add a figure as the mechanisms underlying fibrosis go beyond the scope of our topic highlight manuscript, and would have required an extensive review of these mechanisms. We have now added two figures to guide the readers through our review. We focused on the mechanisms underlying Wnt in Crohn's and cancer, which represent an absolute novelty.**

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### **Reviewer #2**

*The article is very interesting and extensively presented. There are only few points to be modified: 1.The pathogenesis of the fibrosis at the beginning should help the reader to follow the subsequent paragraphs. 2.The table should contain also the imaging biomarkers of fibrosis 3.The invasive diagnosis of fibrosis (e.g. biopsy) overview would underline the importance of non-invasive biomarkers*

**Thank you for your suggestions. We have now added two figures to ease comprehension on fibrosis in Crohn's disease and to help them in understanding the role of biomarkers . An extensive, formal review of pathogenesis of fibrosis would have gone beyond the scope of this manuscript, and many papers have been very recently published on the topic.  
We added the imaging biomarkers to table.**

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### **Reviewer #3**

*Interesting article which, as stated, requires more research. Article should be reviewed and edited by native English speaker. Would also shorten the article. Would focus on what is clinically relevant at this time. Needs further clarification "...and it may need invasive procedures for obtaining both diagnosis and treatments" ...is no agreement on how to perform biopsies in strictured bowel segments, and number/depth of sampling is variable among published studies. Furthermore, no standard anatomopathological scoring system have been developed, contributing to the difficulties in data interpretation."*

**Thank you for your comments. We have now requested revision of our manuscript by a Professional Editing service. We hope that the manuscript is now clearer in the suggested sections.**

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