

The Editor-in-Chief  
World Journal of Gastroenterology  
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Dear Editor,

Thank you for your comments as well as the outstanding suggestions and comments made by the reviewers. We have diligently reviewed each comment and addressed the concerns and suggestions. Below, you will find detailed responses to the reviewers' comments.

We are excited to have this manuscript considered for publication by the World Journal of Gastroenterology and welcome any further suggestions and/or comments.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tauseef Ali', with a stylized flourish extending to the left.

Tauseef Ali, MD, FACP, FACG

## Reviewer 2

**Concerning dysplasia and colorectal cancer risk, authors should discuss preventive surgery for patients with dysplasia because colorectal cancer rates are higher in this type of colorectal specimen.**

We have included a discussion on the role of preventive surgery for IBD patients with low or high grade dysplasia on biopsy specimens obtained during surveillance colonoscopy. Recent international consensus statements favor endoscopic management over colectomy for the management of polypoid, non-polypoid and invisible dysplasia in IBD patients; however the recommendations are based on very low quality evidence.

## Reviewer 3

**Editor should be aware that the authors search strategy includes only MEDLINE for published articles - the authors did not cross check with EMBASE and Science Citation Index. Thus, there is a risk of missing studies and publication bias in this review. I also believe it is important to point out that non-compliance to IBD-treatment regimens (e.g. 5-Aminosalicylic Acid, corticosteroids and immunosuppressants) have shown to increase the risk of recurrences, thus a screening tool for non-compliance may also serve as an important preventive health intervention.**

Reviewer three raises two important points regarding the risk of publication bias based on the initial search strategy and the effect of medication non-adherence on clinical outcomes in IBD. We subsequently performed a detailed search and crosschecked our references in PubMed, EMBASE, Web of science and Cochrane library using the same search terms and inclusion criteria. There was significant overlap between PubMed and MEDLINE; however we found 2 articles that met the inclusion criteria and added new information to our review (ref 148 and 172). Searches in EMBASE, Web of Science, and Cochrane library yielded 140, 382 and 65 articles respectively. Ten additional articles that met the inclusion criteria and were not included in the results of the initial search in MEDLINE were added to the review (ref 166 to 170, 174, 175, 180). Notable findings from the searches in EMBASE and Web of Science were conference abstracts that were not available in PubMed and MEDLINE. We revised the manuscript with information obtained from the revised search strategy and included a discussion on screening for medication non-adherence in IBD patients. The revised sections of the manuscript are highlighted with track changes.

