

Change 1	<p>Addition of: “EBD, strictureplasty and surgical resection are endoscopic and surgical interventions employed when medical therapy fails to adequately halt the progression of CD. If diagnosed with stricturing CD, there is a 75% likelihood patients will require at least one surgical procedure within their lifetime^[9]. A systematic review on the surgical management of CD has specified that medical therapy is crucial because there is no surgical cure, however when nonresponsive to these therapeutic options surgery may be indicated^[35]. As outlined by a recent meta-analysis, EBD remains a critical, non-invasive component for delaying surgery but not avoiding it, yielding a 29% surgical intervention rate for primary strictures and in total, finding 4% of patients experienced a major adverse event^[36]. Strictureplasty is another conservative surgical technique that preserves bowel length and in the most comprehensive systematic review to date, has demonstrated a 30% reoperation rate and 13% complication rate for jejunoileal stricturplasty procedures, with 59% of the patients having surprisingly undergone previous bowel surgery^[37]. The most invasive method to remove a CD induced refractory obstruction is surgical resection, with two separate reviews identifying a 29% risk of a second intestinal resection and a 28% early complication rate^[38,39]. Evidently, surgery may result in an elevated risk of postoperative complications and short bowel syndrome, potentially leading to increased morbidity, mortality and a decreased quality of life^[8,40]. Despite the risks of endoscopic and surgical practices, they are generally not intended to be preventative and with up to 67% of patients failing therapeutics for stricturing CD, new and innovative medical therapies are essential for future applications^[41].”</p>
Comment from reviewer	The authors should discuss/comment advantages and disadvantages when comparing the effectiveness of surgical or endoscopic methods of treatment compared to the described long-lasting therapy, which may be associated with side effects.
Location of change	Discussion, Paragraph 4
Authors' comments	Commented on the advantages and disadvantages of endoscopic and surgical methods which readers can compare against the described long-lasting therapy and related side effects.
Change 2	Removed all relevant figures and tables from the manuscript and redistributed to the Image file and Table file
Comment from reviewer	I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.
Location of change	Image file and Table file
Authors' comments	Removed all relevant figures and tables from the manuscript and redistributed to the Image file and Table file.

Change 3	Recalibrated the referencing software to ensure references contain the PMID and DOI.
Comment from reviewer	I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.
Location of change	References
Authors' comments	Recalibrated the referencing software to ensure references contain the PMID and DOI.
Change 4	<p>Addition of: "Research Background:</p> <p>Crohn's disease (CD) is a chronic, incurable inflammatory bowel disease located at any point from the mouth through to anus. <i>Mycobacterium avium ssp. paratuberculosis</i> (MAP) is a suspected causative agent in CD and recent evidence has shown anti-mycobacterial antibiotic therapy (AMAT) to be highly effective in treating this condition. Due to the natural progression of CD, patients will often develop complications such as strictures which are inflammatory, fibrotic or mixed processes causing obstruction, for which endoscopic balloon dilatation (EBD), strictureplasty or surgical resection is currently first-line treatment.</p> <p>Research Motivation:</p> <p><i>Mycobacterium tuberculosis</i>, <i>Helicobacter pylori</i> and <i>Streptococcus</i> can all cause stenosis and resolution can be achieved by specialised antimicrobial treatment. AMAT has proved to be an effective treatment in CD but its efficacy in opening strictures has not yet been investigated.</p> <p>Research Objectives:</p> <p>This study aimed to investigate the effect and outcomes of AMAT in a cohort of CD patients with an ileal stricture.</p> <p>Research Methods</p> <p>A single centre, retrospective, medical record case review was conducted on an observational cohort of patients with CD who had an ileal stricture on colonoscopy and were treated with AMAT. The AMAT regimen was prescribed after the initial colonoscopy for a duration of at least six months until follow-up colonoscopy with the attending gastroenterologist. Patient demographics, symptoms, colonoscopy reports, inflammatory serum markers and concurrent medications were recorded at pre-treatment and follow-up between January 1995 and June 2018. The primary outcome was the complete resolution (CR) of CD strictures.</p> <p>Research Results:</p>

	<p>The majority of our cohort (67%) had CR of their ileal strictures in response to AMAT. Improvement was observed through symptomatic clinical response and a reduction in inflammatory serum markers within the cohort. There were minimal side effects attributable to AMAT that were reported in the study.</p> <p>Research Conclusions:</p> <p>An unexpectedly high resolution of strictures in CD was observed following treatment with AMAT, reflecting the highest rate of CR reported in the literature. This rate is similar to that seen in TB strictures (70%), suggesting a shared mycobacterial origin of strictures, and perhaps disease.</p> <p>Research Perspectives:</p> <p>The findings of this study should be confirmed by further prospective studies of both ileal and colonic strictures, both with and without concomitant immunotherapy to determine the most successful combination in opening a stricture.”</p>
Comment from reviewer	I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.
Location of change	Article Highlights
Authors’ comments	Drafted the Article Highlights for this paper