**Response to reviewers**

I want to thank the reviewers for their time to read the manuscript and kind comments and suggestions. I accepted all suggestions and corrected the manuscript accordingly.

Please find my responses to the particular comments of the reviewers below.

Kind regards

Tibor Hlavatý

**Response to reviewer 1**

*Vitamin deficiency is common among IBD patients. Viamin D is one of those vitamins that are critically correlated with IBD. This paper is very interesting. They focus on a role of Vitamin D in the pathogenesis of IBD. I think its role in calcium metabolism and bone development in IBD patients is more important. However, this paper offers important information that supplementation with currently recommended doses of VD did not influence health related quality of life.*

Thank you for the review. No comments.

**Response to reviewer 2**

*1) There are some inconsistencies in this study. For example, the title states that Vitamin D 'influences' quality of life. However, the final sentence of the abstract states that 'Vitamin D did not influence health-related quality of life'.*

The abstract, conclusions and title have been revised.

*2) There are some English grammar issue throughout. For example: 'In winter/spring period' should be 'In the winter/spring period'.*

The paper was checked and edited by professional native speaker (Bioedit Ltd), small issues have been corrected as suggested by the reviewer.

*3) The title needs rewriting. The word 'influences' should be replaced with something more specific (eg increases or decreases).*

The title has been changed to: Higher vitamin D serum concentration increases health related quality of life in patients with inflammatory bowel diseases

*4) The Introduction is written well. Methods are adequate although the method for measuring Vitamin D levels is not described. Similarly, the 'local ethical committee' is not stated. Results, tables and figures are good.*

Methods and local ethical committee paragraphs were revised.

5) *The conclusion of the Discussion should be expanded to indicate the significance more broadly. Similarly, the concluding paragraph, conclusion of the abstract and title need to be consistent. Literature cited: Good and appropriate.*

Conclusion has been revised to indicate that VD supplementation needs to be with adequate doses to achieve higher VD serum soncentration.

*REVIEWER COMMENTS:*

*Reviewer #1: This is a comprehensive review focusing on the use of biosimilars in IBD. It concerns about a rapidly evolving field of interest regarding Gastroenterology. The authors provide a well structured overview of the up-to-date knowledge and raise certain crucial questions about the future. However, there are some minor issues to be addressed:*

*Comments*

*1. The authors should also include information about the use of adalimumab in IBD in the introduction section and add 1-2 respective references.*

*2. The authors could provide a table with the biosimilars that are currently under investigation (code names, study phase, primary endpoint, company)*

*3. Abstract, results, line 1: "?.CT-P13 is the first biosimilar?"*

*4. Abstract, results, lines 2,3: "?.advantage to infliximab is its reduced cost , which is expected to enhance access to biological therapy"*

*5. Page 4, lines 8,9: the sentence "over time, ?.of both CD and UC" could be omitted.*

*6. Page 4, lines 11-14: "?in treating pediatric and adult patients with?.and certain extra-intestinal manifestations."*

*7. Page 4, lines 17-19: "However, high treatment cost represents a major concern, preventing IFX's wide reimbursement in many countries. The introduction of cheaper IFX generics, namely biosimilars, could overcome this major drawback".*

*8. Introduction, page 4, line 23: "It will also focus on IFX?."*

*9. Page 4, line 25: the word "recombinant" should be omitted (repetition).*

*10. Page 6, line 13: "this" should be omitted.*

*11. Page 6, line 15: "?approved and is currently in clinical use?".*

*12. Page 6, lines 22-23: "Seven of the top ten profitable drugs globally are biological agents, including infliximab and adalimumab. The costs of such agents?".*

*13. Page 7, lines 20 & 23: please correct to "IFX".*

*14. Page 9, lines 9-13: this paragraph should me omitted (repetition). Please omit also 4.1 head and use the respective paragraph as introduction paragraph of section 4 (change counting of the following sub-paragraphs accordingly).*

*15. Page 11, line 7: please omit the phrase "and the known safety profile of G-CSF".*

*16. Refs 24 & 25 could be merged to one.*

*17. Refs 32, 33 & 34 could be merged to one.*

*Reviewer #3: The paper deals with biosimilars approved for IBD and review data on biosimilars for erythropoietin. The english is good. The inclusion of the data on epoetin biosimilars is a good idea*

*There is an error on page 6, para 2: "Since the implementation of a biosimilar approval pathway in 2005, 19 biosimilars of epoetins-alpha and -zeta (i.e., filgrastim and somatropine) have been evaluated and 14 approved by the EMA (16)". filgastrim is a G-CSF not a erythropoietin; the same for somatotropin (growth hormone)*

*this error is repeated on page 10*

*page 7, section 3.1, para 1, line 2 and 5: INX should read IFX*

*page 15, para, line 7: abut = about*