

## Point-by-point response to reviewer's comments

### **Reviewer#1:**

**Question 1 (Q1): In this study, the authors investigated whether an endoscopy-based management could prevent the long-term risk of postoperative recurrence (POR) in Crohn's disease (CD). They retrospectively analyzed the data of 161 patients operated in a single center setting. They showed that POR is very frequent, and endoscopy-based management (EBM) decreased the long term risk of clinical and surgical postoperative recurrence in CD and the risk of reoperation. This paper is well written overall, and valuable for publication.**

Answer 1 (A1): We thank reviewer #1 to his/her encouraging comment.

Minor Comments:

**Q2: In this study, endoscopic POR was defined as Rutgeerts' score  $\geq$  i2. Therefore, endoscopic assessment was performed only for postoperative anastomotic site. Is it sufficient for evaluation of postoperative CD?**

This definition is very consensual according to all international guidelines (ECCO, AGA,...).

**Q3: In this study, authors described that endoscopy-based management (EBM) was defined as systematic postoperative colonoscopy. Small bowel endoscopy (DBE, SBE, or capsule endoscopy) was not used in this study?**

A3: No, it was not.

### **Reviewer#2:**

This article deals with an important aspect of CD- post operative recurrence. The article is well written in general but authors need to correct grammar at one or two places. The article can be shortened.

**Q4: The authors need to clearly bring out the additional information as compared to the existing knowledge**

A4: We thank reviewer#2 for his/her encouraging comment. We have added these informations in the "background, research frontiers, applications" sections.