

Dear editors.

First of all, thank you very much for reviewing our manuscript and for providing to us valuable comments.

We have carefully revised our manuscript according to the reviewers' comments and suggestions as well according to the Guidelines and Requirement of the World Journal for Gastroenterology. Below, we provide a point by point explanation of all the changes in the manuscript as suggested by the reviewers.

Reviewer 1.

The authors have performed a prospective study investigating the DILI in IBD patients. Although the results are projectable, presentation of real life experience is well performed. Minor points are:

"Abstract should be revised according to the author guidelines and it should present the study findings in a concise manner "

Abstract was entirely rewritten aiming at a more concise summary of our findings.

"The title should be revised to stress the DILI in IBD"

*Our title was shortened in accordance with the requirements to stress DILI and IBD, updated title is: **Drug-induced liver injury in inflammatory bowel disease: 1-year prospective observational study***

Reviewer 2.

"The paper "Liver injury in treated inflammatory bowel disease patients: 1 year prospective single center study of prevalence, severity and implications for further management" is well written and provides new insights about DILI occurrence and features in IBD patients. Both abstract and core tip are lacking in the paper PDF! "

Abstract and core tip were added to the pdf.

"Following the editorial rules of WJG the paragraph background and aims should be rewritten as Introduction paragraph "

*First paragraph title was renamed to **Introduction**.*

“Patients and Methods The Authors claim that all patients underwent ALT serum level evaluation before the enrollment in the study. Were all these ALT serum levels within normal values? This is fundamental to assess the true incidence of ALT abnormal value during the observation period.”

Since normal ALT at baseline was not an exclusion criterion, our study reports the prevalence, rather than the incidence of DILI. Inclusion of patients with abnormal ALT at baseline together with one retrospective ALT value enabled us to evaluate an evolution of aminotransferase abnormalities with time. Including in those cases that had abnormal baseline values. This point has been stressed in the Methods paragraph.

“Results Was there any difference in the occurrence of DILI between patients with CD and patients with ulcerative colitis? Considering that both CD and UC were not risk factors for the occurrence of DILI the answer is probably no but this should be specified in the text.”

The fact that IBD phenotype was not significantly associated with any type of liver injury was added to the text, in the result section under Risk factors for liver injury (in red).

“Steatosis was a risk factor for DILI and this is not surprising. Did the Authors observe a relationship between the severity of liver steatosis assessed on ultrasound and the occurrence of DILI? “

No, unfortunately it was not evaluated. It is specified in the text Methods paragraph.

“Were all the patients HBsAg and anti-HCV negative? This is not clear although the Authors claim that HBsAg and anti-HCV were assessed before any IBD treatment. “

All patients were HBs or anti HCV negative prior to IBD treatment. It was added to the Methods paragraph.

“Furthermore, are there any data about the eventual previous clinical history of liver injury in the study group, about the occurrence of viral hepatotropic infection/reactivation of cytomegalovirus, Epstein Barr virus and Herpes virus, about alcohol consumption and about intake of other drugs in patients with DILI? If these data are not available, this should be reported among the limits of the study. “

Alcohol consumption was evaluated at baseline, other hepatotropic viruses were not. Intake of other drugs was recorded, but was not evaluated in the analysis,

which is indeed a limitation of the study. These points were added to the Limitation paragraph of the discussion

“Discussion The Discussion is too much long and should be shortened”

We aimed to shorten the discussion. Several redundant or less relevant points and sentences were omitted including one citation.

We have also changed the citation style according to the requirement of the World Journal of Gastroenterology – indexed numbers with square parentheses, we listed all authors, added PMID to DOI

With kind regards.

Tomas Koller

For the authors