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Lian-Sheng Ma,
President and Company Editor-in-Chief for the World Journal of Gastroenterology,

27 April 2017,

Dear Editor,

We thank you for your evaluation of our manuscript and the reviewer's comments on our manuscript 33198 now entitled "**Urinary metabolic insights into host-gut microbial interactions in healthy and IBD children**".

We are pleased to note that the reviewers manifest a strong scientific interest in our work and provided constructive comments to improve the readability of the manuscript. We have considered the Editorial and the reviewer's points and revised the manuscript accordingly. The changes were implemented using tracked changes.

**Reviewer 00186128**

We thank the reviewer for his constructive feedback on our manuscript, and recommendations for some minor revisions that improve text readability.
Comments:
- Title is long
As per the requirements, we have now shorten the title, which reads "Urinary metabolic insights into host-gut microbial interactions in healthy and IBD children"

- Methodology is very detailed (8 pages): it must be simplified
We have shortened the methods section, by removing details on standard methodology for generating some anthropometric and clinical data, previously reported in Martin et al 2016. We have also removed some information in the MS methods regarding the way stock solutions were generated for metabolite quantification, that are not critical to reproducing the metabonomics data.

- In results there is many paragraph that should be in chapter "materials and methods"
We have revised and shortened the result section accordingly, by removing information redundant with methods or by moving it to the method section.

- The number of subjects is little and use CD and UC in the same group is disturbing
We agree with the reviewer that the number of subjects is limited, and this is clearly discussed as a limitation for our study. However, this is representative of the limited

size pediatric IBD population. In our university hospital center, where the study was conducted CD was a more common phenotype, which leads to a study population dominated by CD. We have clearly indicated this in the manuscript.

- The IBD patients in this study are in remission.
We thank the reviewer for his comments. We do mention in the text that our study population is mainly constituted of subjects in remission.

- It will be useful to compare the metabolomics of urine in IBD patient in remission and in active diseases.
We agree with the reviewer for his comments. It was in the initial scope of our study protocol, but the final study population is mainly composed of subjects in remission. Very few subjects are in active disease state.

**Reviewer 00009417**

We thank the reviewer for his very positive feedback on our manuscript.

Comments: The study could improve by additional data describing the microbiome in the cohort; is there any data set available?
We agree with the reviewer this would have been of great interest, especially with the longitudinal component of the study. Unfortunately, this was not part of the initial study protocol, and no stool samples were collected. In this fast moving field, we will include metabonomics and microbial profiling in follow-up studies.

**Reviewer 03254999**

We thank the reviewer for his very positive feedback on our manuscript.

We look forward to hearing from you in due course.

Yours sincerely,

Francois-Pierre Martin, PhD