RESPONSE TO REVIEWERS

We would like to thank the reviewers for the thorough reading of this manuscript and well aimed observations and suggestions.

We agree with the reviewer that the Discussion section may be quite long. Nevertheless we feel that we needed to be detailed about the ways each studied miRNA has been shown to interact with other molecules in specific pathways implicated in IBD. By delineating the pathophysiologic pathways miRNAs have been reported to be involved in, we hoped to support the selection of these specific miRNAs to study and given our negative results possibly urge future researchers to broaden or change this methodology.

We acknowledge that in our paper it has not been made clear how many patients received each drug, infliximab or adalimumab. In accordance to the reviewer's suggestion we have now added a sentence in the Results reporting the number of patients who received each drug (page 11). Moreover, we have included a paragraph in the Discussion (page 17) explaρ4ining why we believe this may have only minimally influenced our findings. Patients enrolled in our study were candidates of receiving anti-TNF treatment according to international guidelines and relevant clinical judgment. All anti-TNF agents approved for Crohn's disease could be selected, though infliximab and adalimumab were the two finally used in this cohort of patients. Only 3 out of 107 patients received adalimumab while the rest received infliximab. We used this methodology, regarding anti-TNF drugs as a class, due to similar efficacy of these agents (clinical and endoscopic[1,2]) and in accordance to previous work by Castro-Villegas et al[3] and Bogunia-Kubik et al[4]. Thus we believe that our results have not been largely influenced by the small number of adalimumab treated patients, even though it is true that different structure of the two drugs may have affected our results.

According to the reviewer's suggestion Table 1 acronyms and codes have been added as footnotes.

References

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