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26<sup>th</sup> March 2019

Dear Ze-Mao Gong,

**Re: Prevalence of anal fistula in the United Kingdom**

On behalf of my co-authors, we thank you for handling the review and evaluation of our recent submission to the *World Journal of Gastroenterology*.

We are disappointed with the decision not to accept the article to *WJG* but would be pleased to have it accepted and published in the *World Journal of Clinical Cases*.

As a result we have addressed the reviewer comments and made editorial amends to the article so as to fit with WJCC author guidelines. We have dealt with the concerns of the reviewers' comments in detail as outlined in a point-for-point rebuttal below.

We feel these changes have improved the manuscript. We hope that these changes will make the article suitable for publication.

Thank you in advance for your consideration of this manuscript for publication. Please do not hesitate to contact me should you require any further information. I look forward to hearing from you shortly.

Yours sincerely,

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## **A point-for-point rebuttal to reviewer's comments**

*Reviewer #1: The highlight of this article is to update the prevalence of anal fistula in the UK and EU, especially to calculate the proportion of comorbidities, which is of the great reference value for future research. However, in Study population: "If a CD diagnosis occurred prior to, or up to 4 years after the anal fistula diagnosis, the patient was considered to have anal fistula with CD". What is the basis about "up to 4 years"? Is this standard too long? Because in another British literature< Natural history of anorectal sepsis[J]. Br J Surg, 2017, 104(13):1857. >, the longest time for CD diagnosis after anal fistula was only 20 months.*

**Response:** The reviewer queries the rationale behind the statement, "*If a CD diagnosis occurred prior to, or up to 4 years after the anal fistula diagnosis, the patient was considered to have anal fistula with CD*". This statement is correct and we have cited several articles to support the use of the cut off 'up to 4 years' (please see Van Assche G et al. J Crohns Colitis 2010; 4: 63-101; Tang LY et al. Clin Gastroenterol Hepatol 2006; 4: 1130-1134 and Schwartz DA et al. Gastroenterology 2002; 122: 875-880). All three studies point to cases where CD diagnosis in patients occurred 3 years after the anal fistula diagnosis. The text in the main article has been modified to include these references and address any confusion.

*Reviewer #2: The authors should be congregated for their study.*

**Response:** We thank the review for his kind comments.