

## **Respond to reviewer's comments**

Dear editor,

Thank you for giving us the chance to transfer World Journal of Clinical Cases.

Thank for the reviewer's constructive comments on our manuscript. The present manuscript was carefully revised based on all suggestions and comments, and point-by-point responses to the comments are listed below. We hope that the editors and reviewers will be satisfied with our answers and wish our paper could be suitable for publication in the journal.

### **Reviewer's code: 02742751**

I recommend the respect authors to combine the tables and decrease the number of tables.

#### **Answer:**

Thank you for your comment. We have combined the tables and decreased the number of tables in our manuscript.

### **Reviewer's code: 03025970**

Tables should be reduced. Abstract: Authors should characterize the enrolled population (e.g. sex, age, age at diagnosis, treatment...). Authors should report the study design. Smoking has been reported as a risk factor for food-specific IgG antibodies. How smoking has been evaluated? Is the only potential risk factor evaluated? The last sentence of the conclusion "Food-specific IgG antibodies may be a potential guide to diet in CD patients" is not supported by the data and is very controversial. It should be deleted. Core tip: The sentence "Moreover, this study firstly verified that smoking may act as a negative factor for IBD occurrence" is not supported by the data. Methods: Authors should report the study design. Data reported in results are highly replied by Tables. Author should summarize the significant data in the text and reduce

the number of tables. The paragraph “Relationship between food-specific IgG and disease location” should be condensed in only one sentence without any table. Discussion: the first paragraph is a repetition of the introduction without any personal data discussion. It should be deleted. Discussion should be restricted. References should be edited according to World Journal of Gastroenterology style.

**Answer:**

Thank you for giving us such valuable suggestions. We have combined the tables, summarized the data and added study design. In the Discussion section, we deleted part of the first paragraph.

About “Smoking has been reported as a risk factor for food-specific IgG antibodies. How smoking has been evaluated? Is the only potential risk factor evaluated?”

In present study, smoke referred to current and former smoking of cigarettes. We analyzed the association between smoking and food-specific IgG by Binary logistic regression. The odds ratio was 17.6 ( $P < 0.05$ ), which suggested that smokers are prone to develop serum food-related IgG antibodies compared to non-smokers in IBD patients. In our study, we evaluated the potential risks including age, gender, smoke, surgery and disease type, the results showed that smoking was probably a risk factor for developing serum food-related IgG antibodies among IBD patients. In addition, CD patients were also prone to developing serum food-related IgG antibodies. However, the present study has limitation. Our sample size was small, therefore, larger cohort studies should be conducted to confirm our results and deplore other risk factors for food intolerance in IBD patients.

**Reviewer’s code: 00008491**

Materials and Methods: the authors should specify any inclusion and exclusion criteria used to select the patients enrolled in the study and explain the reasons that led them to choose these.

**Answer:** Thank you for your valuable suggestion. We have modified the manuscript and added the inclusion and exclusion criteria of patient enrollment..

Thank you for consideration our manuscript revision. We look forward to hearing from you soon!

Yours sincerely,

Hongjie Zhang