SPECIFIC COMMENTS TO AUTHORS

1. Metabolic disorders related to nonalcoholic fatty liver disease (NAFLD) include abdominal obesity, hyperglycemia, dyslipidemia, and hypertension. In this study, body mass index (BMI) and diabetes mellitus are present in baseline characteristics of inflammatory bowel disease (IBD) patients, but there is no information on dyslipidemia (TG, HDL) and hypertension, so it is necessary to supplement them. And, it is advisable to add information on alcohol intake and smoking that may affect metabolic syndrome. In addition, it would be better that information about abdominal circumference was added besides BMI.

Answer: We supplemented information on dyslipidemia, hypertension and smoking status (page 5).

Due to the fact that we do not routinely determine lab results like TG and HDL, and due to the fact that this is a retrospective study, we were only able to screen the medication lists of the patients. Patients with any medication to treat dyslipidemia or hypertension were classified as patients with dyslipidemia or hypertension, while all the other patients were not.

Patients with high alcohol intake or abuse of alcohol were excluded in the study as mentioned on page 4, exclusion criterion 2, and in the results part on page 6.

Unfortunately, the abdominal circumference is not available either due to the retrospective character of the study.

2. Adipokine is a cytokine secreted from adipose tissue and is a mediator of the biological function of the endocrine system. Excessive adipokine can cause vascular endothelial dysfunction, abnormalities in lipid profile, hypertension, and vascular inflammation. Inthis paper, adipokine is mentioned as a proinflammatory factor, but further explanation is needed on how adipokine affects NAFLD.

Answer: For example, apelin is upregulated in the intestinal epithelial cells of

IBD patients and highly expressed in the mesenteric adipose tissue of Crohn's disease patients as well as it is promoting hepatic fibrosis.

3. It would be more meaningful to compare the characteristics of IBD patients with NAFLD to those of non-IBD patients with NAFLD as controls.

Answer: There are already hints that IBD patients develop NAFLD based on fewer metabolic risk factors in comparison to non-IBD NAFLD patients, as seen in reference 10. We aimed at investigating factors influencing the development of NAFLD in an IBD cohort, like immunosuppressive medications and others. To reach this aim, we compared the characteristics of IBD patients with NAFLD to those of IBD-patients without NAFLD as controls.