Dear editor,

We would like to thank you for considering the article for publication. The suggestions were considered in the revised version and below we provide point-by-point responses to proposed modifications:

Reviewer #1:

Specific Comments to Authors: In the original article of Sassaki LY et al. the authors aimed to describe the 1 year disease evolution and treatment pattern within the of Brazilian CD patients with moderately and severely active disease. This prospective, noninterventional study is well designed and well presented. The number of involved patients are representative in both CD and UC groups. Their findings namely approx. 20% of IBD patients had moderate-to-severe active disease at the end of the follow up; 11 months were required for half of the involved patients to achieve appropriate disease control; biological agents were the first choice in CD while 5ASA drugs in UC point out that in the real world, guidelines and practices often differ from each other, and a number of social and economic factors also influence the availability of drugs, including the therapeutic choice of physicians. The fact that they included treated IBD patients from both public and private setting allows a broad characterization of the Brazilian population. The discussion is correct, all the pros and cons are discussed in a comprehensive, clear and logical way. The figures and tables are all help the understanding of the results. I suggest to accept the manuscript for publication in WJG.

A.: We would like to thank for reviewer's comments.

Reviewer #2:

The paper is well written, easy to read and well structured. There are no grammatical or spelling errors throughout the text. I have a few comments though to the authors.
You stated that biologics were not available as treatment strategy for UC patients in Brazil during the study, but from the Results we found out that "30.6% of UC patients maintained their biologic therapy, while 8.3% initiated a new biologic treatment." I think this is confusing. Please clarify.

A.: Biologics were available for use in Brazil but not reimbursed neither by public nor by private healthcare systems until March 2020 and 2021, respectively. However, UC patients had access to this therapy using other strategies such as judicial petition and out-of-pocket. A statement about explaining this possibility was included in discussion.

Also, 5-ASA derivates are not recommended routinely in CD patients for induction or maintenance of clinically remission. Please discuss a little about the fact that in your study 14.4% of CD patients received 5-ASA agents. Thank you.

A.: Despite 5-ASA derivates are not recommended, some physicians keep prescribing. A statement about the need for continuing education and updating for prescribers and the possibility of the lack of other therapies in some regions of the country was included in discussion.

Regarding the funding disclosure, please note that the study was sponsored by Takeda as stated in the https://www.clinicaltrials.gov/ct2/show/NCT02822235. We did not provide a funding document because the study was not supported by a competitive grant or a funding agency. Nevertheless, for ensuring transparency, we kindly request the WJG to maintain this sentence in the manuscript.