

Dear editors and reviewers of World Journal of Gastroenterology and World Journal of Clinical Cases,

Thank you very much for the precise and comprehensive comments regarding our manuscript. We tried to answer these comments in accordance with your remarks and the results of our effort are described here:

1. In the subsection Viral hepatitis the sentence „In those cases prophylaxis may be indicated. „ It requires an explanation what kind of prophylaxis should be considered.

Manuscript was changed accordingly. Indicated specific prophylaxis strategy for steroids and tocilizumab against HBV reactivation was added.

2. The paper is massy and touches too many fields, hence they are not carefully discussed. The content is delivered chaotically.

This comment represents one of our deepest concerns for our manuscript as well. Our apology includes the excuse that the subject is extremely wide, and the available literature very dense, though only regarding the period of time of the pandemic. It was very difficult to summarize so much information for so many fields in the limits of one manuscript, though the best of our effort was performed. So, unfortunately, we do not have a more specific answer to this comment at this time. We hope that changes already performed as answers to your other comments have improved our manuscript's status regarding this comment as well. Finally we hope that this comment will not represent a major drawback for our manuscript by the reviewer and the editors, however if the reviewer or the editors have different opinion and could provide us a more detailed plan for reorganizing our manuscript we would be glad to comply with it and further improve our manuscript.

3. The section of Upper part of GI and COVID-19 should be separated, as IBD and COVID -19 and pancreas and COVID -19 are.

The section regarding upper GI part was separated and renamed, in accordance with your comment, making the structure of the manuscript more clear and well-defined.

4. The section concerns procedures in gastroenterology in COVID-19 era should be rewritten. The information on which procedures should be performed and when during this time and which can be postponed have to be described.

The section regarding procedures in gastroenterology in COVID-19 era was rewritten. Procedures that should be performed and those that should be postponed during this time were described in detail. The latest available update of guidelines and information was included (The British Society of Gastroenterology: Endoscopy activity and COVID-19: BSG and JAG guidance - update 03.03.21, ESGE and ESGENA Position Statement on gastrointestinal endoscopy and COVID-19: An update on guidance during the post-lockdown phase and selected results from a membership survey. Endoscopy 2020;52:891-898).

5. The section Gastroenterological cancer should present wider information on the approach to the patient with suspected neoplasm process of alimentary tract. The information that concerns pathophysiology and ACE2 should be moved to the section Introduction.

The section regarding Gastroenterological cancer was enriched with information on the approach to the patient with GI neoplasm. Additional information on the diagnostic workout of these patients was added at the section regarding procedures in gastroenterology. The information about pathophysiology and ACE2 was moved to the section Introduction.

Thank you very much for your contribution to our manuscript's assessment