

Point-By-Point Reviewer Response

Reviewer 1:

1) The initial part, dedicated to the purely technical aspects seemed too detailed and extensive compared to the core tip of the review.

Response: Thank you for your comments, we agree, it does appear a bit too technical. In the revised version of the manuscript, a significant portion of the technical components of performing IUS were shortened or eliminated entirely. We believe condensing this section will make the review more palatable to the reader.

2) Figure 3, please add details about the Limberg score in the figure legend

Response: Thank you for the comment, details for the Limberg score have been added to the figure legend.

3) Fig 5 does not add significant information to the discussion, perhaps it is superfluous.

Response: Thank you, this figure has been eliminated from the revised version of the manuscript.

4) Table 1, which incorporates information already given in details in the corresponding paragraph is perhaps superfluous /unnecessary

Response: Thank you and we agree that some of this information is clear in the manuscript but we have decided to keep the table as a simple table like this could be used for power point presentations and lectures and widely cited internationally.

5) It is important that the POCUS, as described in the article, considers the figure of the Gastroenterologist expert in the management of IBD as an expert in intestinal ultrasound ,too; moreover, the Gastroenterologist expert in the management of IBD should also work in synergy with the Gastroenterologist expert in intestinal ultrasound (adjacent clinics)

Response: Thank you, we have now included details on this in the revised version of the manuscript.

Reviewer 2

1) The title mentioned "Prognosticate Disease Course", but very little words about this topic appeared in the article

Response: Thank you for this comment, we agree and have removed this from the title in the revised version of the manuscript

2) Transmural healing, defined as a BWT < 3 mm" is not commonly recognized.

Response: Thank you but we believe that transmural healing is commonly recognized as a bowel wall thickness < 3 mm and we cite an expert consensus from the international bowel ultrasound group on this.

3) More words should be added to the subsection of Utility for monitoring postoperative CD recurrence

Response: Thank you, significantly more detail was added to the section on postoperative monitoring including an additional referenced study.

4) More patients changed in the ultrasound group. Did these changes led to more disease remission?

Response: Thank you, we have made the appropriate changes in the manuscript.

5) Shear wave elastography (SWE) to measure the level of fibrosis or ultrasound for complication and surgical indication should be discussed.

Response: Thank you, we have now added a discussion on shear wave elastography to the manuscript.