

Dear Dr. Peter Schemmer,

Thank you for your thoughtful review of our manuscript entitled “Pre-operative visceral adipose issue radiodensity is a potentially novel prognostic biomarker for early endoscopic post-operative recurrence in Crohn’s disease” (manuscript # 90359). Please find below our point-by-point response to the concerns raised by the reviewer and editors.

1. **Reviewer #1:**

2. The authors aimed to evaluate the prognostic value of pre-operative radiographic mesenteric parameters for early endoscopic POR, and the title reflected the content of the study appropriately. The abstract can reflect the work described in the manuscript, but the sentence express needs to be modified.
 - a. We thank the reviewer for their comment. We revised the sentence in the abstract conclusion to better reflect the findings.
3. The background was adequately described. However, due to the broad time span, the surgical method, especially about MAT resection, should be mentioned or indicated in detail.
 - a. In the methods section, line 151-153, we clarified that the surgical technique was the same across the study period. The standard surgical technique at our institution during the study period was to create a functional end-to-end anastomosis and spare as much of the mesentery as possible, so extended mesenteric resection was not performed for any patient in this study.
4. In the Methods part, how to examine and evaluate the small intestine anastomosis needs describe. Did the anastomosis in small bowel examined by enteroscopy? How to assess the endoscopic finding of anastomosis in small bowel? SES-CD?
 - a. For patients who underwent small bowel resection (n=9), a capsule endoscopy or double balloon enteroscopy was performed to evaluate the anastomosis. A Rutgeert’s score was used to evaluate for post-op recurrence as described in prior studies.
5. Please give some explanation. In the discussion part, the authors mentioned that the new surgical approach may not be feasible for all patients. Please make some comments about which kind of the patients feasible? Why? All the patients in this study did not to be performed mesenteric resection, why?
 - a. We thank the reviewer for highlighting this portion of the discussion and agree the wording requires polishing. We have clarified in the Discussion section (line 297-300) that it will be important to pre-operatively identify subjects at high risk for POR and would benefit the most from intestinal resection with extended mesenteric resection and avoid risk of complications with this new surgical technique in patients at low risk for POR. No patients underwent mesenteric resection during the study period because this was not standard of care at the time.

EDITORIAL OFFICE’S COMMENTS

(1) Science editor:

1. **Conflict of interest statement:** Academic Editor has no conflict of interest.
2. **Academic misconduct:** No academic misconduct was found.
3. **Scientific quality:** The author submitted a study of pre-operative visceral adipose tissue radiodensity is a potentially novel prognostic biomarker for early endoscopic post-operative recurrence in Crohn’s disease. The manuscript is overall qualified.
 - (1) Advantages and disadvantages: The reviewers have given positive peer-review reports for the manuscript. Classification: Grade C; Language Quality: Grade B. The authors aimed to evaluate the prognostic value of pre-operative radiographic mesenteric parameters for early endoscopic POR, and the title reflected the

content of the study appropriately. The abstract can reflect the work described in the manuscript, but the sentence express needs to be modified. The background was adequately described. However, due to the broad time span, the surgical method, especially about MAT resection, should be mentioned or indicated in detail. In the Methods part, how to examine and evaluate the small intestine anastomosis needs describe. Did the anastomosis in small bowel examined by enteroscopy? How to assess the endoscopic finding of anastomosis in small bowel? SES-CD? Please give some explanation. In the discussion part, the authors mentioned that the new surgical approach may not be feasible for all patients. Please make some comments about which kind of the patients feasible? Why? All the patients in this study didn't to be performed mesenteric resection, why?

i. Please see response to the reviewer above.

(2) Main manuscript content: The author clearly stated the purpose of the study, and the research structure is complete. However, the manuscript is still required a further revision according to the detailed comments listed below.

(3) Table(s) and figure(s): There are 1 Figure and 2 Tables should be improved. Detailed suggestions for each are listed in the specific comments section.

4. **Language evaluation:** The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

(1) We thank the editor for their feedback. We have reviewed and polished the language as recommended. I am a native English speaker and was able to revise the manuscript without a professional English language editing company.

5. **Specific comments:**

(1) (1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

i. We have revised the figures, and we confirm the figures were created specifically for this manuscript. We have formatted it according to the journal guidelines.

(2) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted

picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

- i. No pictures from other sources were used in this publication.
- (3) Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP < 0.05, bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP < 0.05 and dP < 0.01 are used, and a third series of P values is expressed as eP < 0.05 and fP < 0.01.
- i. For statistically significant values, we provided the exact p-value to demonstrate the extent of significance.
6. Please add the Core tip section. The number of words should be controlled between 50-100 words.
- (1) We have added a Core tip section.
7. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address.
- (1) We have revised the citations accordingly.

We thank the editor and the reviewers for their helpful suggestions and feel that our paper is now significantly improved after these revisions. We hope that you now find it acceptable for publication in *World Journal of Gastrointestinal Surgery*.

Sincerely,

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