

Dear Editor and Reviewers:

Thank you for your insightful comments and suggestions on our initial submitted manuscript. These were valuable to improve the quality of our revised manuscript. We have included our responses to the reviewers' comments as follows. We hope that our responses and modifications are satisfactory.

Responses to the Comments by the reviewer 1:

Comment #1: Why week 8 and week 48 were selected as outcomes in this study?

Response: Thank you for pointing this out. We followed the other real-world data reported the outcome of weeks 8 as short-term efficacy (e.g. Chaparro M et al, J Crohns Colitis. 2021; 15: 35-42) and week 48 as long-term efficacy (e.g. Lair-Mehiri L et al, Dig Liver Dis. 2020; 52: 268-273). The other reasons are feasibility and availability of physicians in daily clinical practice.

Comment #2: Safety data should be provided.

Response: For safety data, we already included a "Safety Profile" at the end of the Result section (Page 11) in the original manuscript.

Comment #3: Why these patients with UC were treated with TOF, rather than other treatments. Potential selection bias should not be ignored.

Response: Thank you for pointing this out. The present investigation is real-world investigation, therefore, the physicians administrated TOF according to the insurance coverage, previous treatment history, patient's backgrounds, and feasibility and so on. As you mentioned, selection bias should be included in the real-world data, but the importance of real-world data for IBD have been recognized recently. We added the sentence as one of the limitations in the discussion as follows (Page 15, lines 414-415).

There is a possibility of selection bias to administrate TOF by each physician.

Comment #4: Had this study been registered before?

Response: Thank you for pointing this out. This study is not registered with ClinicalTrials.gov or UMIN, but has been approved by the institutional ethical committee at our institute.

With these changes to our final manuscript, we hereby resubmit our manuscript for a secondary evaluation. Thank you once again for your consideration of our paper.