

Jing Yu (Editor-in-Chief, World Journal of Gastroenterology)

I, along with my coauthors, would like to ask you to consider this revised version of our manuscript, “**Assessment of disease activity by fecal immunochemical test in ulcerative colitis, Running Title: FIT as biomarker in UC**” for publication in *World Journal of Gastroenterology*.

We previously submitted this manuscript (**ESPS Manuscript NO: 28842**) to your journal and were invited to resubmit after revising the text. Thank you very much for your insightful and constructive suggestions and comments. Point-by-point responses to your and the reviewer’s comments can be found on the following pages. The revised text has been highlighted in the manuscript file. We hope that our revised manuscript meets your expectations.

This manuscript has not been published or presented elsewhere in part or in entirety, and is not under consideration by another journal. The study design was approved by the appropriate ethics review boards. All the authors have approved this revised manuscript and agree with submission to your esteemed journal. Further, we agree to pay your journal’s publication fees.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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Reviewer's comment and authors' responses

Comment. Despite using MAYO score to detect clinical activity in this study, CRP and sedimentation that are component of Truelove and Witts severity index is valuable tests to show activity in patients with UC. If the correlation between FIT and CRP and/or sedimentation could show in this study, that result contributed to our knowledge.

Authors' response

Thank you for your insightful review and comments.

1. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were measured in all patients.
2. In FIT negative group (n = 47), ESR was normal range (0-10 mm/hr) in 15 cases (31.9%) and CRP was normal range (0 – 0.5 mg/dL) in 38 cases (80.9%). In FIT positive group (n = 35), ESR was higher than the normal ranges in 28 cases (80.0%) and CRP was higher than the normal ranges in 13 cases (37.1%).
3. Mean ESR was 18.47 mm/hr (range, 2 – 83) in FIT negative group and 31.06 mm/hr (range, 2 – 118) in FIT positive group. Mean CRP was 0.338 mg/dL (range, 0.01 – 3.12) in FIT negative group and 1.286 mg/dL (range, 0.01 – 7.45) in FIT positive group.
4. There was some degree relevant, but FIT did not statistically significantly correlated with ESR ($r = 0.183$, $p = 0.100$) or CRP ($r = 0.154$, $p = 0.167$).

After revision (add at the upper portion of 7 page)

5. Correlation between FIT and conventional inflammatory markers

Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were measured in all patients. In FIT negative group (n = 47), ESR was normal range (0-10 mm/hr) in 15 cases (31.9%) and CRP was normal range (0 – 0.5 mg/dL) in 38 cases (80.9%). In FIT positive group (n = 35), ESR was higher than the normal ranges in 28 cases (80.0%) and CRP was higher than the normal ranges in 13 cases (37.1%). Mean ESR was 18.47 mm/hr (range, 2 – 83) in FIT negative group and 31.06 mm/hr (range, 2 – 118) in FIT positive group. Mean CRP was 0.338 mg/dL (range, 0.01 – 3.12) in FIT negative group and 1.286 mg/dL (range, 0.01 – 7.45) in FIT positive group. Statistically, FIT did not correlated with ESR ($r = 0.183$, $p = 0.100$) or CRP ($r = 0.154$, $p = 0.167$).