

Comments from the Reviewers:

Reviewer #1:

This beautiful review explore the risk of developing venous thromboembolism (VTE) in patients with inflammatory bowel disease (IBD). The review cover different important topics with a general overview on morbidity, mortality, cost and mechanism of VTE genesis in IBD patients and a deep and accurate discussion of all the known and/or suspected risk factors of VTE, covering patient's related risk factors (ie age, pregnancy etc), IBD related risk factors (ie disease extent) and treatments (both medical and surgical). Finally the review focuses on thromboprophylaxis underlining that despite the high risk of VTE in IBD patients, thromboprophylaxis is prescribed only in a minority of IBD patients with high VTE risk with low adherence to guidelines. This review is very well written and exhaustively explore different aspect of VTE in IBD patients. I strongly recommend the publication of this manuscript.

Response: We are very appreciative of the feedback, and delighted to hear that the main takeaways from the paper were the parts we were hoping to emphasize. We thank the reviewer for their insight and comments.

Reviewer #2:

The paper is a good overview of the highlighted problem. As such, it could be of great help for physicians in clinical practice.

Response: We thank the reviewer for their comments and agree that this can be of great use to practicing physicians. Additionally, we are hopeful that this will shed further light on the appropriate use of pharmacologic VTE prophylaxis, and thus improve adherence rates in the hospitalized IBD patient population.

In order to address the “minor language polishing” selected, we also reviewed the manuscript and made small changes to the text (see below):

Introduction:

“Over the past decade however, there has been an increasing body of literature **describing** factors that may influence this risk, **including** disease activity, hospitalization, age, pregnancy, medications, surgery, and genetics.”

VTE Risk Factors among patients with IBD:

Surgery:

“Within the IBD patient population, colorectal surgery confers additional **VTE risk**.”

Extended-duration VTE Prophylaxis:

“Furthermore, they found that over 90% of VTE readmissions occurred within 60-days **post-discharge**, **with** the majority occurring **in** the first 20-days.”

Reviewer #3:

This is a thorough and well-organized review.

Response: We thank the reviewer for their time, and appreciate their comments as we tried to present many of the prior and current studies pertaining to the topic.