

Dear Ze-Mao Gong, Science Editor, Editorial Office

Please find enclosed the edited and revised manuscript in Word format (file name: 31423\_Edited.docx).

**Title:** Long-term IBS symptom control with/despite reintroduction of selected FODMAPs

**Authors:** Ruth Harvie, Alexandra Chisholm, Jordan Bisanz, Jeremy Burton, Peter Herbison, Kim Schultz, Michael Schultz

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 31423

We thank the Editors for allowing us to resubmit this edited and updated version of our manuscript and the Reviewers for their insightful comments. We have carefully studied the points raised.

Please find enclosed our point-to-point responses to their questions and concerns. The text in the manuscript has been revised in line with the reviewers' suggestions essentially improving the manuscript. All changes in the manuscript are highlighted using Tracked Changes:

Response to reviewer 00814612

Thank you for your positive and specific feedback.

1. The title has been changed.
2. Inserted the statement '*slowly absorbed*' at line 61
3. Corrected this to '*limited data*' and added the reference added the statement  
"*There is no data when FODMAP are reintroduced to tolerance.*"
4. Added that it was *frozen within 4 hours*.
5. Added that the FFQ was *automated*.

6. Added that diversity was *not reduced* in the study by Halmos et al.
7. Fixed the error in reference 32.
8. Explained that the two lines *represent the estimated average requirement for men and women in NZ*.
9. Checked for use of the word '*data*'.

#### Response to reviewer 00029592

Thank you for your positive and specific feedback to our manuscript and providing an overall comment that was readily usable for the comments section.

1. Corrected the terminology and the manuscript now uses *IBS(M)* for alternating types.
2. Quoted the paper suggested. Many thanks for pointing this out.
3. Included greater depth in the discussion about the fact that no dietary education was given in the first three months in Group II.
4. We limited our references to papers that have undergone publication in peer-reviewed journals. The abstract in question by Bellini M et al, although interesting, provided insufficient information for us to be able to evaluate the statement.
5. This is a very valuable point and one that created quite a discussion amongst the authors. While we intended to have as little as possible contact with the patients in group II, undoubtedly, they were aware of the fact that they were part of a study. In line 325, 'control group' has been changed to 'comparator group'.

#### Response to reviewer 00033010

Thank you for your thoughtful and considered feedback.

1. Thank you for pointing out that this was missed in the abstract. We have now added that a microbiome analysis was conducted.
2. We have added that it was *linear* regression.
3. Included greater depth in the discussion about the placebo effect and the fact that patient obviously were aware of their inclusion into a study.

4. One of the shortcomings of this study is the limited number of participants. Data on the change in IBS(D) and IBS(M) has been included in the results section but given the small numbers no separate analysis was done for IBS(C) participants. It has been included in the discussion that the finding of greater effectiveness was similar to that in the trial by Pedersen et al.

[Response to reviewer 02441672](#)

Thank you for your feedback.

1. This statement is in contrast to another reviewer (00029592) who specifically stated that that Group II was a true control group. We have changed the terminology and now use the word 'comparator' group which in our view captures the scientific value of this group.
2. We thank the reviewer for their comment. We are well aware of the cited study in the Braz J Med Biol Res from 2004 and also how complex a potential pathomechanism leading to IBS might be. For our study we specifically focussed on a reduction of FODMAPs. FODMAPs are present in a variety of food groups and allow to standardise a dietetic recommendation rather than counsel patient on individual foods. We hope that we understood the reviewer's concern but have not altered the manuscript in response.

We once again thank all reviewers for their helpful comments and suggestions.

We hope that this revised and significantly improved manuscript will be suitable for publication.

Yours sincerely,