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Münster, 26.August.2015

Dear Editors, Dear Reviewer,

Thank you for your email dated July 28, concerning our manuscript entitled ***“Assessment of stricturing Crohn’s disease: current clinical practice and future avenues (Manuscript NO.: 21221)”*** which we submitted to the World Journal of Gastroenterology. The manuscript was carefully revised according to the reviewers’ and editors’ recommendations. Please find enclosed a detailed point-by-point response to the comments of the Editorial board and the reviewers. The language of manuscript was edited by the American Journal Experts. Due to the extensive corrections we resubmitted two versions of the manuscript: First a manuscript without marked changes to allow easy readability followed by a version with language-editings in the tracked changed mode and yellow highlighted changes to highlight the response to the reviewer/editor. Furthermore we added an Audio Core Tip. The Tables and Figures were put at the end of the manuscript as requested by the editor. We declare that we have no potential conflicts of interest to disclose.

We hope that the revised manuscript meets the requirements of the *World Journal of Gastroenterology*.

Please let us know in case any further information is required.

Sincerely,

Frank Lenze, M.D.

Response to Reviewer 1:

Comment #1:

"Dear Editor, Authors Thank you for sending the manuscript "Assessment of stricturing Crohn's disease: current clinical practice and future avenues" for revision - the paper represent a current challenge for diagnosis of strictures. - But still same current informations and related data - More depth are needed for each items specially in serology being easy used and can help as predictors- Few grammatical mistakes within context. Thanks"

Answer:

We appreciate the reviewer's comments, which helped to improve the quality of our review.

We integrated further data on shear wave elastography for differentiation of low-grade from high-grade fibrosis in the ultrasound section ^[1,2](page 11).

In addition, we added information in the section on magnetic resonance imaging and further emphasized the difficulty of dissection of co-existing intestinal inflammation and fibrosis ^[3] and dynamic contrast enhanced (DCE) MRI ^[4](pages 9/11).

We agree with the reviewer that serological biomarkers have the potential to predict the course of disease. Therefore, we added further information on the role of biomarkers in intestinal fibrosis ^[5-11](page10).

Finally we the sent the manuscript to American Journal Experts (aje.com) to improve the language quality of our manuscript.

Literature:

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- 5 Cleynen I, Gonzalez JR, Figueroa C, Franke A, McGovern D, Bortlik M, Crusius BJ, Vecchi M, Artieda M, Szczypiorska M, Bethge J, Arteta D, Ayala E, Danese S, van Hogezaand RA, Panes J, Pena SA, Lukas M, Jewell DP, Schreiber S, Vermeire S, Sans M. Genetic factors conferring an increased susceptibility to develop Crohn's disease also influence disease phenotype: results from the IBDchip European Project. *Gut* 2013; **62**(11): 1556-1565 [PMID: 23263249 DOI: 10.1136/gutjnl-2011-300777]

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- 7 Mow WS, Vasiliauskas EA, Lin YC, Fleshner PR, Papadakis KA, Taylor KD, Landers CJ, Abreu-Martin MT, Rotter JJ, Yang H, Targan SR. Association of antibody responses to microbial antigens and complications of small bowel Crohn's disease. *Gastroenterology* 2004; **126**(2): 414-424 [PMID: 14762777]
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- 11 Loeschke K, Kaltenthaler P. [Procollagen-III-peptide in the serum of patients with Crohn disease]. *Zeitschrift fur Gastroenterologie* 1989; **27**(3): 137-139 [PMID: 2718533]