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Review 1

SPECIFIC COMMENTS TO AUTHORS

This study revealed that CD patients undergoing conventional therapy and eventually anti-tumor necrosis factor therapy seem to present an active and progressive disease, which needs more public attention. Overall the article is well organized and its presentation is good. In addition, the novelty, clinical relevance, and scientific importance are acceptable. However, the grammar, spelling, and sentence structure need to be improved.

We would like to thank the reviewer for taking the time to review our manuscript.

The final version of the manuscript has gone through English edit as all authors are non-native English speakers, considering your comment we have made some changes to improve some sentences structures.

Review 2

SPECIFIC COMMENTS TO AUTHORS

The authors described intestinal complications in patients with CD between 2011 and 2020 in the Brazilian public healthcare system and explore intestinal complications in patients who received only CVT or anti-TNF therapy in the same period. I have some comments list below: 1. The authors wanted to focus on intestinal complications of CD, like most published paper mentioned. However, the several most complications and procedures were related to perianal complications. 2. For intestinal complications observation in CD disease course, the mean follow-up duration of 4.44 years was quite short. For patients recieved Anti-TNF, 2.39 years weve even short. 3.The anti-TNF therapy cohort were patients who presented at least one claim of anti-TNF therapy, sometimes patients may have only one claim of therapy because of reasons like allergy to anti-TNF. 4. Four groups/categories of types of ICs in patients with CD were assessed: (1) CD hospitalization-related, (2) procedure-related, (3) associated diseases, and (4) overall (one or more types of ICs). The definition was vague and not exclusive.

We would like to thank you for the review. We have addressed your comments in the same order: 1. Anal fistula and anal abscess were the most common and second most common ICD-10-related complications, and fistulotomy was the most reported procedure. This shows that most complications in this dataset are perianal complications.

2. This is an observational study using a claim databaset. The follow-up duration for intestinal complications in patients with CD is therefore real world data and we do not have a plausible explanation for it being short besides the fact that the data is collected for reimbursement purpose as we listed the limitations in the manuscript. The same



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explanation applies for the anti-TNF therapy, and also the fact that those therapies were implemented in the Brazilian public healthcare system starting in 2011.

3. We consider patients with at least one claim of anti-TNF to be part of the group with anti-TNF use, however all patients used at least twice. We agree with the reviewer that the reason for use of anti-TNF cannot be determined, a new phrase was added to explain it in the limitations section.

4. Claim databases are difficult to estimate a clinical variable such as intestinal complications. What we did for this study was first to focus on common complications of the disease according to the literature and after that we analyzed all possible ways to identify those complication in the database, resulting in 3 ways: (1) CD hospitalization-related, in this case any hospitalization that had a CD ICD-10 claim (2) procedure-related based on procedures that are common in CD, (3) associated diseases a list of ICD-10 codes that are associated with CD. After gathering the 3 lists, four independent clinical experts reviewed the list until approval.