

Revision received on 8.22.2020
Resubmission due 9.5.2020

Reviewer 1:

1. Introduction: the first five lines are redundant as readers know them.

We have deleted the lines that are redundant.

2. Method: why the authors excluded studies not in English? it is about LLMICs so all studies must be included regardless language. You can find abstracts in English and if needed, the study can be translated. Looking at PRISMA it seems that only 3 studies were not in English!

We did include studies with English abstracts where sufficient data could be ascertained from the abstract alone.

Unfortunately, we did not have the resources to carry out a non-English search that would involve translation of the entire study to English. The PRISMA diagram shows that there were only 3 studies excluded for language reasons-- that is, the full text of the study was not in English.

3. Results: What you present in tables no need to be written in the text. Many of the information in the results section are repeated.

We have tried to edit the Results section to be as concise as possible and included many non-essential tables in the Appendix section.

4. Discussion: more focus on the study results. Best wishes

Our summary of findings section is dedicated to answering the research questions of the study as informed by the study results and accompanying appendix. The proceeding sections add additional context to the study results, present future research directions, and inform this study's impact on clinical practice in low resource settings.

Reviewer 2:

1 I suggest you explain the World Bank criteria and not just reference them.

Thank you for this suggestion--we have explained the World Bank criteria in the Methods section.

2 While tuberculosis is a major problem in the differential diagnosis of Crohn's disease in these countries, you should mention also ulcerative colitis. What steps were taken to distinguish UC from CD? You noted that the commonest surgery for CD was colectomy. Please explain this in more detail.

This is an important point--thank you for highlighting this. We do include in Table 4 that difficulty in distinguishing CD from UC was mentioned as a provider diagnostic challenge in a total of 7 studies from 5 different LLMICs. While not every study went into details regarding distinguishing UC from CD, those that did, mentioned clinical, radiologic and histologic features as keys to distinguishing UC from CD.

It may seem unusual for colectomy to be described as the commonest surgery for Crohn's. However, what we found in at least 3 studies from 2 LLMICs (Table 4) in our review was that many patients would present with a bowel obstruction as their first presentation of Crohn's, undergo surgery like colectomy or small bowel resection and then be found to have Crohn's disease on histology of resected specimens. Colectomy was also an easily accessible surgery unlike more advanced procedures like ileoanal pouches which require more inflammatory bowel disease specific training and expertise.

3 How many of the referenced studies were true epidemiological studies? For instance, you quote reports from referral hospitals or hospitals with the facilities to establish the diagnosis of CD with certainty. Did these centers perform proper epidemiological studies?

Our review was not limited to true epidemiological studies as we found that this criteria would be too limiting. We carried out a scoping review and included a wide variety of studies, including studies that were single case reports or case series from low and lower middle income countries. In addition, we expanded our search to a wide variety of global databases including PubMed, Embase, and WHO Global Index Medicus, which includes AMRO (Africa), IMEMR (Eastern Mediterranean), IMSEAR (South East Asia), LILACS (Americas), and WPRIM (Western Pacific), as well as MEDLINE and SciELO. Our ultimate goal was to capture any and all signals of Crohn's disease in LLMICs.

4 In order to put your findings into perspective, would you be able to calculate incidence estimates and compare them with reports from higher income countries in the same geographical areas? For example, if you used South Korea as a comparison with other Asian countries. Also, some South American countries have published a lot on IBD epidemiology lately; how would their data look compare with your findings?

We are not able to calculate incidence estimates from our scoping review because we have purposely been broadly inclusive and included not just epidemiological studies but also case studies from single centers as these were sometimes the only studies reported from some LLMICs. Of the 21 LLMICs included in the full-text review, only four countries—India, Indonesia, Sri Lanka, and the Philippines—reported incidence of Crohn's disease, with most of these data coming from one multi-country study published in 2019[14] (Table 2).

Reviewer 3:

1. reference 14 should be (Am J Gastroenterol. 2019 ;114(1):107-115.).
The reference has been corrected in the text.

2. There are too many illustrations and tables in the article, please simplify them and express them in words if possible.

The authors moved the majority of the study results into the appendix for reference so as to free up the body of the paper for analysis and discussion.

Editor Comments:

There are too many illustrations and tables in the article, please simplify them and express them in words if possible. Many of the information in the results section are repeated. Discussion: More focus on the study results. The questions raised by the reviewers should be answered; and (3) Format: There are 4 tables and 2 figures. A total of 64 references are cited, including 15 references published in the last 3 years. There are no self-citations.

(1) I found no "Author contribution" section. Please provide the author contributions; (2) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (4) I found the authors did not write the "article highlight" section. Please write the "article highlights" section at the end of the main text.

1. Author contributions section was added in the text.
2. Figures have been moved to an editable powerpoint.
3. References have been corrected with DOIs added.
4. An article highlights section was added in the text.