Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Title: accurately reflects the topic and contents of the paper. Abstract: is appropriate, not structured, 151 words. Key words: 6 key words, precisely define the content of the paper. Core tip: is appropriate, 46 words. Introduction: 268 words, the reader is briefly acquainted with known facts about IBD treatment with immunosuppressive treatment, novel biologics, such as anti- α4β7 integrin and anti-IL12/23 antibodies, and small molecules. The content of the article is divided into 5 additional chapters: individual chapters present: selecting the ideal candidate for therapy withdrawal, discuss exit strategies with the patient, withdrawal, de-escalation and re-treatment, optimal monitoring after therapy withdrawal. Certain drugs (immunomodulator monotherapy, anti-TNF monotherapy, combination therapy of immunomodulator and anti-TNF, anti-α4β7 integrin antibody: vedolizumab, anti-IL12/23 antibody: ustekinumab, JAK inhibitors: tofacitinib) and research results are presented and discussed in individual subsections. The discussion in individual subsections is appropriate, supported by relevant references. Conclusion: 289 words, authors conclude with known (in the past already often written) thought "Further prospective studies are needed to improve decision making and guidelines". The conclusion is by no means original. References: 95, influential journals in this field N Engl J Med, Dig Dis Sci, Aliment Pharmacol Ther, J Crohns Colitis, Inflamm Bowel Dis, Am J Gastroenterol,… Conflict of interest: there are no financial conflicts of interest to disclose. Opinion of the reviewer The article provides a carefully written overview of an increasingly important field. In it, I miss the reflection about the role of pharmacogenomic research, which affects the selection of treatment options for individual patients. "Personalized medicine" is likely to influence treatment discontinuation decisions in patients with IBD.

We thank the reviewer for the comments.

1. We have added a brief description of the role of pharmacogenetics on therapy withdrawal in 2.0 section.

2. As suggested, we have also revised the entire conclusion section, ending the paper in a more original way.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors reviewed the recent advances in the exit strategies in IBD, and made many comments or viewpoints in the field. The reivew could give the readers valuable information in this critically important question. There are some concerns listed as follows. 1. As for the title "in the era of small molecules", it is not quite accurate or proper. In this review, the data about small molecules is very limited. 2. As the revolution of the treatment targets are changing, the timing of decalation or stop of certain medications are definitely changing. There are many evidences about anti-TNF agents. It is important to mention the timing or indication of exit strategeis, based on clinical remissione or endoscopic healing. It is the key point for the clinical practice. 3. In this review, the authors did not discuss the exit of 5ASA in UC. If the authors did not aim to review it, should mention it in the manuscript. 4. In Conclusion section, it will be very helpful to give some prospectives in the field.

We thank the reviewer for the accurate comments.

1. We have changed the title.

2. Indication for exit strategies are presented and discussed mainly in the 2.0 section and summarized in Table 1. As suggested, we have added a brief summary at the end of this section, stressing the key role of deep remission when considering therapy withdrawal.

3. We have added that discontinuation of 5-ASA was not examined in the manuscript, as

it was not one of the aims of the work.

4. We have revised the entire conclusion section and added a brief discussion of future directions in the field.