Thank you for your kind comments. We feel sure that with the modifications you suggest, we have a much more interesting and relevant paper.

Comments to the autors:

1. In this original article, the authors aimed to analyze clinical response rates to CT-P13 and adverse events in IBD patients treated in real-life practice. Although the subject is not new in the literature, real-life data and large studies are useful for understanding the efficacy of biosimilars in the treatment of IBD. The authors included patients naïve to biological treatments, or fail to respond to other anti-TNF drugs, or had switched from infliximab. The primary endpoint was clinical response rates and number of adverse events. The primary efficacy variable was the proportion of patients who were in clinical remission and/or had a clinical response at 3, 6, 9, and 12 months. A total of 220 IBD patients treated with CT-P13 (Remsima®) were included in the study, 142 were naïve to biologic agents. The authors described in detail the methods of the study, definitions of clinical response and clinical remission, the characterization of the patients, data from the clinical evaluation of the patients, rates of response to Remsima, and the presence of adverse effects. Furthermore, the authors studied trough levels and the presence of antibodies to CT-P13.

It would be interesting for the authors to detail what happened to patients who did not complete the 12-month follow-up. In Table 4, we can see that 220 patients started the study, the number of patients dropped over time, and only 137 finished the 1-year follow-up. Please detail the reasons for loss of follow-up, abandonment, loss of response or refractoriness.

Reply:

As the study was performed under conditions of daily clinical practice, the patients included had completed the months of follow-up at each time point. We have modified the text and the calculations (table and text) based on your

recommendations and those of the other reviewers to make the manuscript describing this real-world study more readable. We have also modified Table 4 by excluding patients who switched from infliximab original.

2. The percentage of patients in clinical remission or clinical response was calculated based on the number of patients who were active at that time of assessment, without taking into account the total number of patients included in the study. It would be interesting show both data, including data based on the total number of the included patients in the study, considering abandonments or a shorter follow-up time as "no answer" or "failures", using the NRI (non-responder imputation).

Reply: We have modified the text and the calculations (table and text) based on your recommendations and those of the other reviewers to make the manuscript more readable.

3. The authors do not show data on endoscopic remission in the follow-up of patients. Despite citing the lack of endoscopic data in studies with CT-P13, it would be interesting to show the data that exist on mucosal healing with this medication from articles from the literature.

Reply: The Discussion now contains data on mucosal healing from articles in the literature.

Reviewer's code 05665395:
In this study, the author aimed to analyze clinical response rates to CT-P13, commercialized under the trade name of Remsima®, and adverse events in patients with IBD treated in real-life practice. this is a good work.

Reply: Thank you for your kind comment.

Reviewer's code 00004011:

Please give more information how the remission was defined and the percentages of patients were calculated

Reply:

Remission is defined in Material and Methods and in Table 4: "Clinical remission was defined as HBI ≤4 (CD) or PMS ≤2 (UC), without corticosteroids, or an inactive perianal fistula".

We have modified the calculations (table and text) based on the reviewer's recommendation and those of the other reviewers to make the text more readable.

Reviewer's code 05205634:

Dear authors. The study is very important and very interesting. However, there are some issues that need to be clarified before its publication. There are no concerns about the title, abstract, introduction, methods or ethics.

1. There is only few things to change (lines 102 and 104 - please follow the abbreviation IBD).

Reply: Thank you. We have modified the text accordingly.

2. The main concern is regarding the results: how did you calculate clinical remission rates in our patients? At baseline, 138 patients were in activity. The authors mentioned that "the proportion of patients with active disease dramatically decreased to 8.8% (n=12/137)". How did you define the number of patients in the denominator (n=137)? In addition, in my opinion, in order to calculate the percentage of patients that reached clinical remission in one years, you must consider only the patients that were in clinical activity at baseline. Finally, you mentioned: "As early as at 3 months, 56.4% (n=115/204) of patients

treated with CT-P13 (Remsima®) had a clinical response or achieved clinical remission", why did you use the number "204" in the denominator? How did you get this number? There is no problem in including patients in clinical remission (at baseline) in the study, as these patients need to be included in the statistical analysis (safety data must include all patients). However, these patients, in remission at baseline, should not be included in the analysis of clinical response or clinical remission, since they were in remission at the baseline. Can you clarify this information for me? How did you calculate all these percentages? Finally, the discussion is well written, and only should be changed if any percentage of the results change. Kind regards.

Reply: As this was a clinical practice study, the patients included had completed months of follow-up at each time point. We have modified the calculations (table and text) based on the reviewer's recommendation and those of the other reviewers to make the text more readable. We have also modified Table 4 by excluding the patients who switched from infliximab original.