

## ANSWERING REVIEWERS

**Reviewer's code:** 00034179

Dear reviewer,

first of all, we are grateful for the very important comments, which were essential to the improvement of this manuscript. All suggested changes were made as described below:

- 1. The physiological functions of microbiota (supply of nutrients and energy, development of immune system, host defense) were added.**
- 2. The outcomes from microbiota in host immune systems and mucosa integrity in IBD were added.**

Best regards,

Fabício Freire de Melo

Professor, PhD

**Reviewer's code:** 04429838 (This reviewer was not present in the Review report; however, he/she also evaluated our manuscript in f6publishing system).

Dear reviewer,

the comment you made was useful and we are grateful for your crucial help. Your comment was very important to make this article more informative, since we added new information on how microbiota influence IBD and the current treatment to IBD patients. In addition, we detailed the studies that investigated the effectiveness of probiotics in IBD patients. Furthermore, the table of the manuscript also complement such informations.

Best regards,

Fabício Freire de Melo

Professor, PhD

**Reviewer's code:** 03729678

Dear reviewer,

thank you for the crucial comment about this manuscript. Your suggestion was crucial for improving the quality of this article. Adjustments were made in order to make the manuscript more informative and critical as you suggested.

- 1. We detailed the interactions between microbiota and gastrointestinal tract in IBD development, and we also added a discussion about if the observed differences in microbiota composition could be just a consequence or have a causative role in the various situations of IBD.**
- 2. We added more information about how microbiota influence the onset of IBD throughout life.**
- 3. We added information on the discussion about the role of protective microorganisms in IBD.**
- 4. We added information about phages and IBD.**
- 5. Information about the use of fecal transplantation in IBD patients was added as you suggested.**
- 6. We extended the part on probiotics, better discussing the included studies. In addition, we also added a brief discussion on the conventional therapeutics for IBD in order to gather advantages and disadvantages of the therapies.**
- 7. We added the name of the strains used in a number of studies; however, some of them did not inform the strains they used.**
- 8. The information about the equivalent composition of laboratory and of commercial VSL#3 was added.**
- 9. The references were corrected following your suggestions.**
- 10. The table was corrected following your suggestions.**
- 11. The figure was corrected following your suggestions.**

Best regards,

Fabício Freire de Melo

Professor, PhD