

ANSWERING REVIEWERS



March 31, 2016

Dear Prof. Yuan Qi,
Science Editor, Editorial Office;

Please find enclosed the edited manuscript in Word format (file name: 25446-review.doc).

Title: Ulcerative colitis patients in clinical remission demonstrate correlations between fecal immunochemical test results, mucosal healing, and risk of relapse

Author: Asuka Nakarai, Jun Kato, Sakiko Hiraoka, Shiho Takashima, Daisuke Takei, Toshihiro Inokuchi, Yuusaku Sugihara, Masahiro Takahara, Keita Harada, Hiroyuki Okada

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 25446

We are resubmitting this manuscript to World Journal of Gastroenterology after carefully considering the suggestions made by the reviewers and the editors.

Reply for the comments by Reviewer 1 (Reviewer's No: 29041)

Regarding interobserver differences for diagnosis MES.

According to the reviewer's suggestion, we added the information about the colonoscopists to the MATERIALS AND METHODS section.

MATERIALS AND METHODS section:

Colonoscopy

.... Patients were excluded if the colonoscopic examination was incomplete due to problems with the bowel preparation or if the colonoscope could not be inserted into the cecum. At colonoscopy, the colonoscopists were not blinded to the clinical data. However, at data collection for analysis, colonoscopic images were re-evaluated by experienced colonoscopists who did not know the clinical data.

The mucosal status of UC was assessed using....

Reply for the comments by Reviewer 2 (Reviewer's No: 58361)

Regarding diagram illustrating the workflow using FIT.

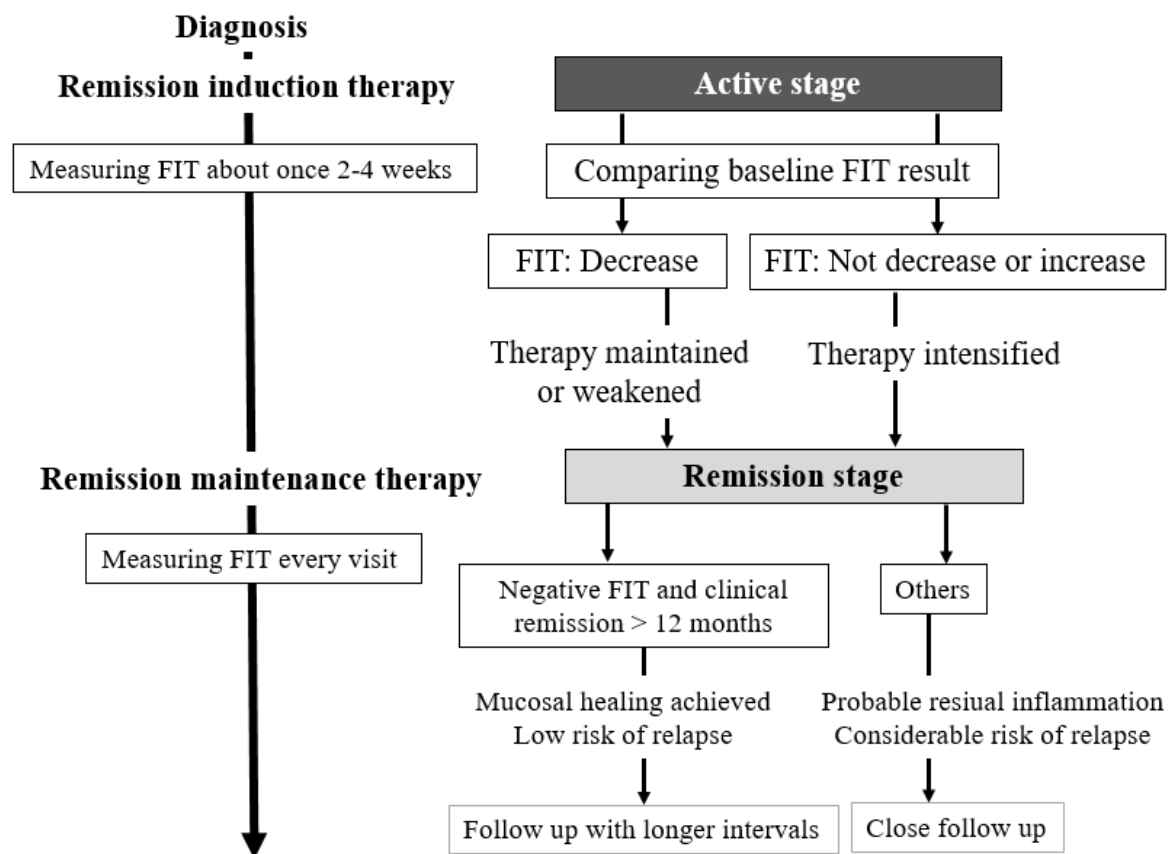
According to the reviewer's suggestion, we added Figure 6 with the corresponding figure legends and the related sentences to the RESULT section.

Differences between MES 0 and MES 1-3 FIT negative patients

.... Taken together, these findings suggest that a negative FIT in patients who have sustained clinical remission for at least one year is a good indicator of complete mucosal healing and a predictor of low relapse risk.

Figure 6 indicated the proposed workflow of the follow-up of UC patients using FIT. During remission induction therapy, we recommend to measure FIT about once 2-4 weeks, comparing those results to the baseline FIT result. When FIT results decrease, we make therapy maintained or weakened. On the other hand, when FIT results do not decrease or increase, therapy should be considered to intensify. After remission induction, we recommend to measure FIT every visit. Since patients with both negative FIT and clinical remission > 12 months are highly probable to have achieved mucosal healing with low risk of relapse, these patients could be followed with longer intervals. Otherwise, patients are considered to have residual inflammation with considerable risk of relapse, they need to be followed up closely.

Figure 6. The proposed workflow of the follow-up of UC patients using FIT.



These changes have addressed all the critiques of the reviewers. We appreciate the helpful suggestions offered by the reviewers and the editors. I hope you now find that this manuscript is suitable for publication.

Sincerely yours,

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