

Ya-Juan Ma
Scientific editor
World Journal of Gastroenterology

Revision: Manuscript NO: 25752

Manuscript title: "Recent advances in orally administered cell-specific nanotherapeutics for inflammatory bowel disease".

Dear Ms. Ma,

We would like to thank the editorial board and the reviewers for their thoughtful review of our manuscript entitled "Recent advances in orally administered cell-specific nanotherapeutics for inflammatory bowel disease". Enclosed is the revised manuscript. Changes have been marked by red color. Our revisions center on the helpful comments of the referees. Below we respond to the reviewers in a point-by-point fashion.

Reviewer 1.

(1) This manuscript reviews the mechanisms and efficacy of nanotherapeutics in IBD. The review is novel and well constructed.

Thank you very much for your comments and we thank the reviewer for the high evaluation on our work.

(2) There are segments that are a little extensive and would benefit from shortening/focus.

To make the manuscript focus on our topic, we already deleted part of the contents in the revised manuscript.

(3) The manuscript has minor language and grammar issues, and requires careful revision.

The original manuscript has been carefully revised for improving the language and grammar issues.

(4) The table is helpful but a figure depicting the different mechanisms of action of nanotherapeutics would greatly enhance the manuscript.

A figure depicting the different mechanisms of nanotherapeutics was supplied in the revised manuscript (Figure 1). In addition, to make the topic of the manuscript clearer, we also supplied a figure to depict the cell-specific nanotherapeutics after oral administration in the revised manuscript (Figure 2).

Reviewer 2.

(1) The manuscript "Recent advances in oral administered cell-specific nanotherapeutics for inflammatory bowel disease" is an interesting manuscript.

Thank you very much for your comments and we thank the reviewer for the high evaluation on our work.

(2) Abstract and the text: change Traditional medications by conventional medications.

We changed all the “traditional medications” to “conventional medications” in the revised manuscript.

(3) 2.2 line 2: It is primarily composed of mucins, lipids and mucopolysaccharides,...: what's the difference between mucins and mucopolysaccharides? - colitic tissue : colitis tissue.

Mucin is a mucopolysaccharide or glycoprotein that is the main constituent of mucus. To make the manuscript clear, we deleted mucopolysaccharides.

In the context of colitic tissue (Fidler *et al. Gut* 1994;35:506, Carpentino *et al. Cancer Res.* 2009;69:8208, Tarlton *et al. Am. J. Pathol.* 2000;157:1927) and colitis tissue (McKaig *et al. Am. J. Pathol.* 2003;162:1355, Lamprecht *et al. J. Pharm. Exp. Ther.* 2005;315:196, Linden *et al. Am. J. Physiol. Gastrointest. Liver Physiol.* 2003;285:G207), we think they share the same meaning. To make it clear, we changed all the “colitic tissue” to “colitis tissue” in the revised manuscript.

(4) 3.1.1 line 1: poly(lactic acid/glycolic acid) (PLGA) and poly(lactic acid) (PLA): remove some brackets. The same thing in others places in the text.

We already removed some brackets in the revised manuscript.

(5) 3.2.3 line 6: Laroui et al.[45] embedded KPV-containing PLA NPs: KPV?

KPV is the abbreviation of “Lysine-proline-valine” tripeptide. We already clarified it in the revised manuscript.

Reviewer 3.

The subject of the manuscript is very interesting. There is no doubt that current treatment and therapy of IBD needs improvement. Thus, review that summarizes current activities in this direction is more than welcome. Although the manuscript is very concise it is also very informative and easy to follow.

Thank you very much for your comments and we thank the reviewer for the high evaluation on our work. We summarized the current activities in the Conclusion section in the revised manuscript.

Reviewer 4.

The manuscript is well written and structured. It is interesting because it expands the knowledge about IBD therapy. The authors illustrate the characteristics of nanotherapeuty and they felt it as a good alternative to conventional therapy of IBD.

Thank you very much for your comments and we thank the reviewer for the high evaluation on our work.

We hope the above changes make the manuscript now suitable for publication in ***World Journal of Gastroenterology***.

Sincerely yours,

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