

12.03.2021

To the Distinguished Editor of the World Journal of Gastroenterology

Dear Editor,

We appreciate the Editor and the Reviewers thoughtful suggestions to improve our manuscript and tried to address it in full. We have definitively modified the manuscript accordingly. We also improved the language by digital checking (Grammarly) plus reharsing the professional translator letter certificate. We additionally solved all the issues related with the references. We hope that the revised version of our manuscript would be acceptable for publication in your prestigious Journal.

Our point-to-point response to your thoughtful recommandations is as follows:

1.Results should be expanded with more details on reviewed disorder connections Ex. constipation more common in AN... Any randomized trials included? No -no RCTs were identified.

As the reviewer advised, we have revised the whole article and modifications are highlighted with the “track changes” function. We expanded the results chapter with more details.

We added a paragraph about RCT in the DISCUSSION chapter.

2. Suggest some basic analysis Ex. Gastroparesis and ED -based on review GP was more common in AN and BN. 13 studies. Can you extrapolate any data from those studies? Any sub-analysis?

We added information about basis analysis in the manuscript. We added a paragraph in the discussion section, in which we comment how can we overcome the limits of most availble studies and further to perform a precise analysis.

3. You should create tables on GP, FD, Constipation and summary detected findings in ED. IBS only 4 studies so table is unnecessary.

We added tables. Thank you for your recommandation!

4. Conclusions You should comment on potential improvement in GI motility with therapy for AN and weight gain. Other potential links.... based on your findings. More research needed including RCTs to identify link between ED and functional GI disorders

We have included an additional paragraph about RCT in the discussion section.

5. Page 3 L99 use digestive tract instead of digestive tube

We modified accordingly. Thank you!

6. Is there no evidence for a cause effect relationship or the studies are poor quality and small studies only? You may rather comment that there is no adequate quality studies to address this link between ED and DBGI

We explained the consequences of poor quality and smal studies in the discussion section.

We appreciate your attentiom,

Sincerely yours,

In behalf of all of the Authors

Giuseppe Chiarioni MD, RFF