

Dear Editor and Reviewers,

Thank you for your reviewing our manuscript and for the valuable comments. We have carefully reviewed all reviews and suggestions and made a point-by-point response to each of the issues. Improving our manuscript according to your instructions has upgraded the quality of our article.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade D (Rejection)

Conclusion: Rejection

Specific Comments to Authors: In my opinion, the study has an inherent methodological flaw which prevents it from being published. This error consists of the evaluation of only a single session of faecal transplantation in the group of patients with ulcerative colitis in remission intending to maintain the remission to a statistically significant degree compared to the group of patients who underwent autologous faecal transplantation. I believe that the study could only provide a reliable scientific result if the faecal transplant was done more than once a year. The fact that no difference was found between the two groups after one year was expected. But this does not justify the acceptance of the findings based on the reasoning I mentioned before.

Response to Reviewer #1:

Thank you for taking time to review our manuscript. Number of FMT sessions is an important issue and indeed studies applying repetitious FMTs for acute or quiescent UC have yielded good results. However, our trial is the first one to our knowledge to investigate a single FMT for maintenance of UC remission. Additionally, we have previously shown that FMT with our protocol, induces a sustainable alteration of gut microbiota (ref. 8). In FMT studies with positive outcomes we do not yet know is it the number of treatments, successful donor selection or some other factor that has brought about the positive effect. We have extended Discussion regarding this matter. (Pages)

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: I would like to thank the authors for writing a very important and interesting article. The authors of this article have exhaustively searched the scientific literature for a complete description. The study demonstrates the maintenance of FMT in remission in UC patients over a 12-month period. In addition, in my opinion, the English language throughout the manuscript is correct, clear and easy to understand. In general, the manuscript is well structured despite some comments. I have a suggestion that could improve the manuscript: - Is it possible to reorganize the two sets of comparative data to make the data charts more intuitive to present. to enhance the readability of the data for the reader? - Further expansion of the discussion on FMT is needed to enrich the theoretical support related to FMT.

Response to Review #2:

Thank you for your time and for reviewing our article. In order to make the article more intuitive for the reader, we have re-organized the table 1. presenting baseline characteristics and the figure 1. presenting the main outcome.

We have extended Discussion (Pages 21-22). The theoretical background to justify FMT research is presented in the Background section (Pages 4-5).

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Authors aimed to assess the role of single FMT for maintaining the remission of UC within one year. This purpose did challenge the traditional frequency of FMT for chronic IBD. 1. The most important difference between

the two groups is life-quality on time point of four months after FMT. Actually, this might be the evidence to support that decision on when to have second FMT, instead 12 months.

2. The manuscript should be re-organized on the structure, figures showing two groups.

3. The discussion on courses of FMT for maintaining clinical remission or response is not enough. Many studies have reported the frequency of FMT in long term.

Response to Reviewer #3:

Thank you for your time and for reviewing our article.

1. This was to our knowledge the first RCT to investigate a single FMT for quiescent UC. We have previously showed a successful change of gut microbiota after a single FMT with our protocol (ref. 8). Repeating the FMT in some 12 months is a good and justified study hypothesis. In our trial the quality of life at 12 months was lower in the FMT group compared to the placebo group, thus, another donor or other changes in the protocol should be considered as well.

2. We have improved the presenting of the data by re-organizing the table 1. presenting baseline characteristics and the figure 1. presenting the main outcome. However, we find it useful for the reader to present the whole data as well as data divided in the two subgroups according to the presence of mild inflammation at the baseline.

3. We have extended Discussion as suggested (21-22)

Reviewer #4:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The study explored the value of FMT for maintenance of remission in UC patients. The design of this study was reasonable and the data was reliable. The outcome did not support the use of a single dose of FMT to maintain remission of UC, which had guiding significance for clinic.

Response to Reviewer #4:

Thank you for your time and for reviewing our article. We truly appreciate your positive and encouraging comments.

(1) *Science editor:*

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

(2) *Company editor-in-chief:*

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly

indicating the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response to the Company editor-in-chief:

Thank you for taking time to review our manuscript and documents.

As suggested, we have improved the presentation of figures, provided them in Power Point format and included a copywrite information of our figures.

We have converted the table into standard three-line format.

We have supplemented the manuscript with the latest cutting-edge research results Pages 21-22, Refs. 30 and 32.

We have obtained an updated English language editing and certificate after the exerted revisions.

On behalf of the authors,

Perttu Lahtinen