Reviewer #1:

Inflammatory bowel disease is a common extra-articular manifestation in SpA, whereas extraintestinal manifestations in IBD mostly affect the joints. The study reviewed the coexistence of IBD in different subtypes of seronegative SpA patients and suggested the need for close collaboration between gastroenterologists and rheumatologists with mutual referral from early accurate diagnosis to appropriate prompt therapy. These findings have guidance for clinicians in this complex clinical scenario.

Response:

We appreciate the valuable comments from the reviewer. Indeed, there is a need for close collaboration between gastroenterologists and rheumatologists with mutual referral from early accurate diagnosis to appropriate prompt therapy.

Reviewer #2:

The article is focused on the association of IBD with seronegative spondyloarthropathy. The title reflects the main subject/hypothesis of the manuscript. The abstract summarizes and reflects the work described in the manuscript succinctly. Key words: matching the manuscript. Background. The Manuscript adequately describes the background, present status, and aim. Methods. The manuscript does not

provide any detailed methodology. Its a review article. Results. Not applicable. Discussion. The manuscript highlighted the key points concisely, clearly, and logically; and includes relevance to clinical practice sufficiently. Illustrations and tables. Are sufficient, of good quality, and appropriately illustrative of the paper's contents. Biostatistics. Not applicable References. Seem appropriate and adequate, and include recent publications. Quality of manuscript organization and presentation. The manuscript is concisely, and coherently organized and presented. Research methods and reporting. Not applicable. Minor corrections: Consider rephrasing the last sentence in the abstract; which also appears twice in similar wording in the manuscript.

1. "A tight collaboration between gastroenterologists and rheumatologists with mutual referral for early and accurate diagnosis to initiate appropriate and prompt therapy is required in these complex clinical scenarios."

Response:

The last sentence appeared in the Abstract, Introduction and Conclusion sections. A reviewer also cited this sentence in the reviewer’s comment, indicating its importance. Nevertheless, due to the redundancy of this sentence, we have deleted it in the Introduction section, and rephrased it in the Conclusion section as follows. A tight collaboration between gastroenterologists and rheumatologists is needed in managing

such complex clinical scenarios.

2. In the discussion section, instead of short forms, e.g. "AS, or similar" - please consider using long forms as paragraph titles for better reader experience.

Response:

Instead of using abbreviated words, we use full names as paragraph titles to improve readability.

3. Page 7/47. consider rephrasing the term "frustrated outcomes".

Response:

Following the suggestion, we have rephrasing the term as "frustrated" rather than "contradictory" outcomes.

4. Page 13/47. Provide reference for sentence "..... therapy is indicated for the identification of C. trachomatis infection.

Response:

Following your suggestion, we have provided the reference for this sentence as 98 and 99 in the REFERENCES section.

Reviewer #3:

This is a high-level review on Seronegative spondyloarthropathy-associated inflammatory bowel disease. The authors described and analyzed in detail all types of arthropathies associated with IBD with the epidemiology, pathogenesis, clinical picture, diagnosis, and treatment of these conditions based on the data of the current literature. The review would be useful to both rheumatologists and gastroenterologists by helping them efficiently diagnose and treat this kind of patients. Another important element of the study is the authors' reference to data from Asian countries (Mainly China) where the frequency of IBD has been increasing significantly in recent years. I think the study should be published with minor caveats. I assume that table 2 regarding the clinical and laboratory data and the treatment of IBD patients is primarily for the rheumatologists' colleagues since the described data are essentially familiar to all gastroenterologists and therefore the table could be omitted. However, it can remain as I mentioned above to inform the rheumatologist colleagues. Likewise, the data in Figures 1 and 2 as well as Table 4 with the data of patients with ankylosing spondylitis and IBD may be useful to rheumatologist colleagues. For table 6, I assume there is permission to publish from the FDA. References 104 and 109 are identical. The authors should keep one and delete the other, certainly changing the numbering of the remaining references.

Response:

We appreciate the comments from the reviewer. Indeed, Tables 2 and 4 and Figures 1 and 2 were suitable for the rheumatologists' readers.

Since References 104 and 109 are identical, we removed the duplicated Reference 109, and replaced with an up-to-date 2022 article discussing the IBD-associated type 1 and type 2 peripheral arthritis as follows.

Amarnani A, Thakker S, Panush RS. Reflecting on the immunopathology of arthritis associated with inflammatory bowel disease: what do we know and what should we know? Clin Rheumatol 2022; 41: 2581-2588. [PMID: 35543893 DOI: 10.1007/s10067-022-06201-3]