

**POINT BY POINT RESPONSE
REVIEWER 1
SPECIFIC COMMENTS TO AUTHORS**

It is not an interesting manuscript. Authors cannot succeed to present their idea in a clear way adding information to the existing literature. What are the original findings of this manuscript?

RESPONSE TO REVIEWER:

We thank the Reviewer for his/her comments and for providing a review that certainly improved the quality of our work.

Indeed, as the Reviewer will agree, this is a narrative review (not a meta-analysis) and, as such, not being original research or a meta-analysis, it is certainly not intended to provide "original findings" but to review (albeit critically) the evidence already available in the literature. However, we believe, to answer the question, that nonetheless, our work has "original" insights, and we summarize our thoughts below:

- Certainly, one aspect that is little studied by current guidelines (e.g., ESGE guidelines, see reference) is the use of non-PEG-based bowel preparation in patients with IBD. In our review, we have provided several studies that provide good efficacy and safety rates for such preparations. We see this as a boost in conducting new original researches and trials that can increasingly strengthen the safety, and risk-benefit ratio for these bowel preparations, which indeed, as already exposed in the non-IBD literature, are more palatable and easier for patients to use than high-volume PEGs.
- We have provided an additional cue for retrograde preparation. This we believe to be a new element in IBD (so much so that the work cited is from 2022);
- Equally little exposed in the guidelines is artificial intelligence in this setting. We consider it of no minor importance to have written about this aspect in our work;

The authors thank the Reviewer for his/her time spent and effort in conducting the review of our work. Thank you.

Reference

Hassan C, East J, Radaelli F, Spada C, Benamouzig R, Bisschops R, Bretthauer M, Dekker E, Dinis-Ribeiro M, Ferlitsch M, Fuccio L, Awadie H, Gralnek I, Jover R, Kaminski MF, Pellisé M, Triantafyllou K, Vanella G, Mangas-Sanjuan C, Frazzoni L, Van Hooft JE, Dumonceau JM. Bowel preparation for colonoscopy: European Society of Gastrointestinal Endoscopy (ESGE) Guideline - Update 2019. *Endoscopy*. 2019 Aug;51(8):775-794. doi: 10.1055/a-0959-0505. Epub 2019 Jul 11. PMID: 31295746.

REVIEWER 2

SPECIFIC COMMENTS TO AUTHORS

In this review, the authors provide an overview of the current available evidence on bowel preparation formulations, specifically evaluated in IBD. The theme of the study is interesting and the paper is well written. However, the authors should address the following points. 1. It has been often experienced and a critical issue that the disease recurrence occurs in IBD patients after colonoscopy examination. Thus, I suggest that the authors show the disease recurrence rate in each study in Table 1. 2. It appears that the text is somewhat redundant. I suggest that the authors shorten the text, if possible. 3. I can't find the full spelling of BBPS (p14) in the text.

RESPONSE TO REVIEWER:

We thank the Reviewer for his/her comments and for providing a review that certainly improved the quality of our work. We thank him/her for the kind words spent on our work.

In response to what was requested:

- 1) What was requested was included in the table (i.e., the rate of disease recurrence after bowel preparation for studies reporting this data);
- 2) We tried to reduce the text wherever possible;
- 3) The full spelling of what was requested was on page 6, we quote the text "Bowel preparation quality was assessed with the Boston Bowel Preparation Scale (BBSP) [23], a score of equal to or

greater than 6 defined a successful preparation."

The authors thank the Reviewer for his/her time spent and effort in conducting the review of our work. Thank you.

RESPONSES TO EDITORIAL COMMENTS

Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Gastrointestinal Endoscopy. 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 Company editor-in-chief:

We thank the Editor in chief for his comments and to deem our work worthy of publication. We thank you for asking to check our references with Reference Citation Analysis (RCA). We checked the keywords for our manuscript in RCA. See references n. 4, 12, 17, 30, 51, 70.

The authors thank the Editor in chief for the time spent and effort in conducting the editing of our work. Thank you.