

Dear Editor

The authors thank you very much for the opportunity to submit our manuscript "**In-hospital mortality and hospitalizations for inflammatory bowel disease in Brazil**" to World Journal of Gastrointestinal Pharmacology and Therapeutics.

All the review's suggestions were evaluated and they are described here and it also in red on the text.

We hope to have taken care at the issues.

Reviewer #1:

1- TITLE I suggest changing the order of the title: Hospitalizations (first) and in-hospital mortality (second) for inflammatory bowel disease....

A: We agree (page 1)

2- ABSTRACT The abstract has more than 350 words; please check if there is a limit extension for the Journal.

A: Accepted request (page 3).

3- INTRODUCTION SUS abbreviation should be explained the first time it is used in the Introduction section. The final paragraph of the Discussion should only include the aim of the present study. Any other information is better included before in the Introduction, or in the Discussion section.

A: It was solved (page 5).

4- METHODS This article aims to describe the profile of hospitalizations and in-hospital deaths due to IBD in Brazil over 10 years and to analyze in-hospital mortality (IHM) over 20 years. To describe hospitalizations from 2008 to 2018 and to analyze IHM from 1998 to 2017 for IBD in Brazil. The discrepancy in these periods merits a more detailed explanation. Again, it is stated that "Hospitalizations from 1998 to 2007 were not included because not all data were available". Please also explain this limitation.. Relevant

limitations of the present study, as the authors correctly acknowledge in the Discussion are that the data analyzed only involved hospitalized patients and did not cover part of the patients cared for by private health insurance; that there was no distinction between CD and UC; and that no data on the reason for admission or procedures performed was available.

A: We had initially carried out the analysis of the last ten years, and then we carried out a survey of data from the twenty-year period to make a parallel with the introduction of infliximab in 2002 by the SUS. But the data from 1998 to 2007 are only given by year of processing, which does not include the other data, such as length of stay, costs per stay. The most detailed data in information are those from 2008, which are given by year of hospitalization

5- RESULTS Was any information available on the type of anti-TNF used (infliximab vs. adalimumab/golimumab). This is a relevant issue, as infliximab needs “hospitalization” to be administered. In this way, it is stated (in the Discussion section) that “despite the reduction in the number of hospitalizations in Brazil, total expenditures with hospitalizations for IBD increased by 30% from 2008 to 2018. Perhaps this reflects greater access to exams, procedures or even the need for hospitalization for the application of anti-TNF α . DATASUS data do not differentiate 1-day hospitalizations”. So perhaps many of the “hospitalizations” could be due, simply, to the infliximab administration? If this is the case, this would need a more detailed analysis.

A: The DATASUS data does not provide information on who is infliximab, nor is it included in the data hospitalizations that intended only to infuse infliximab

6- DISCUSSION The Discussion section is too long and could be easily shortened. Some comparison/comments regarding the costs in Brazil compared with other countries should be included in the Discussion. Please review the order of the topics in the Discussion section: I suggest dealing first with hospitalizations (including all related topics), and only then deal with in-hospital mortality.

R: Accepted request.

7- REFERENCES OK. TABLES OK. FIGURES OK.

Science editor:

1 Scientific quality: The manuscript describes an observational study of the in-hospital mortality and Hospitalization for inflammatory bowel disease in Brazil. The topic is within the scope of the WJGPT. **(1) Classification:** Grade C; **(2) Summary of the Peer-Review Report:** This study is overall good quality. The questions raised by the reviewers should be answered; **(3) Format:** There are 2 tables and 3 figures; **(4) References:** A total of 22 references are cited, including 0 references published in the last 3 years; **(5) Self-cited references:** There is 1 self-cited reference; and **(6) References recommendations:** The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. **2 Language evaluation:** Classification: Grade B. A language editing certificate issued by AJE was provided. **3 Academic norms and rules:** The authors provided the Biostatistics Review Certificate. The Institutional Review Board Approval Form and Written informed consent were waived. No academic misconduct was found in the Bing search. **4 Supplementary comments:** This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGPT. **5 Issues raised:**

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

A: ok

(2) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

A: We had already done it. I put the title for evaluation in red.

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

(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 Gastrointestinal Pharmacology and Therapeutics, 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 its final acceptance, please upload the primary version (PDF) of the Institutional Review Board's official approval in official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.