

REFEREE n. 68103

Insofar as following commonly agreed criteria for biomedical and epidemiological research, the referee correctly argues that the relatively small sample size (64 pts) will hardly be representative of the population being scrutinized, thus hampering achievement of statistically significant figures. However, as manifested in the Discussion, we deliberately chose to conduct an observational study on a more limited population. At the beginning of the 2000s such formats were defined to be most adequate to detect rare and serious events that could elude monitoring in controlled trials [Lancet, 2001; 357: 2141]]. Such viewpoint finds its cutting-edge confirmation in an Editorial released in the last weeks [Am J Gastroenterol, 2013; 108 (10); 1631].

REFEREE n. 1373

This referee's arguments can partly be addressed by the response we offer to referee 1. The tables have been mended.

REFEREE n. 9417

The initial part of referee's 3 arguments is answered in the text (page 6) where we make reference to the sharing of the IL23R between IBD and psoriasis. As to the reasons why UC remains confined to the colon, the following can be observed. CD and UC are nowadays indeed considered as two discrete processes: UC is considered mainly a disease of increased permeability, whereas CD is believed to be a disorder of immune deficiency. Having set this, there seems to be no ground for a comparison of their behaviors.

REFEREE n. 9064

This referee can be answered by the arguments we set forth to answer ref. 1.

We have changed the paper classification.