RESPONSES TO REVIEWERS

Reviewer 00058510

We thank this reviewer for his/her positive opinion on our paper.

The body of knowledge about fecal markers is growing also in the post-operative setting of the IBD field. The recent publications by Wright [25] in Crohn's disease patients and by Yamamoto [44] in UC patients added more consistent evidence about their utility for the management of these patients. A suitable algorithm is not yet available, since further larger prospective trials are needed to confirm these data and establish the most cost-effective strategy.

Reviewer 00035982

We thank the reviewer for his/her comments and useful suggestions.

Of course post-operative recurrence in CD and pouchitis in UC patients are two different conditions, and therefore they have been treated separately in the manuscript. However they share, in the IBD field, the need of constant monitoring and often also of endoscopy, and that is why they have been treated together in the same review.

According to your comments and suggestions we reviewed the paper trying to enhance focus and cohesion (1). In particular we reduced the length of several sections (2), in particular the one about CD, we used subheadings and tried to avoid one-sentence paragraphs (6). We reported the extended version of CRP (C-reactive protein) and checked the paper for any other inappropriate abbreviation (3). References were verified for correct location (4). Finally, the paper was revised by a Native English speaker in order to edit English grammar and language (5).

Reviewer 02822066

We thank the reviewer for his/her comments and useful suggestions.

According to his suggestions, we created 2 tables, summarizing the major findings from the literature dealing with fecal markers in the post-operative CD and UC patients. The major limit of this attempt is due to the fact that the studies have different designs, end-points and methods, therefore results are not directly comparable.

In the tables we reported also the type of method used to measure the levels of FC and FL, however in most of the cases the type of antibodies used was not specified.

In their editorial recently published on Gastroenterology, Schoepfer and Lewis (that was already cited as reference 28) proposed a possible algorithm in which the assessment of CD activity is planned according patients' characteristics and the risk of permanent bowel dysfunction in case of delayed diagnosis of post-operative recurrence. In this algorithm authors combined FC and colonoscopy to detect early asymptomatic relapse. This is an attempt that need to be validated in future prospective studies and that might be a cost-effective strategy for the management of operated CD patients.

Finally, we revised and corrected any mistake in the units for the measurement of fecal calprotectin and lactoferrin, as the reviewer noticed at pages 9 and 11.