We would like to thank the reviewers for their comments on our case report which we feel have helped us to improve the present case report. Below you find our point-by point replies to the three reviewers' comments. All inserted text in the case report is marked in yellow color and all deleted text is strickenthrough and marked by yellow color, as well.

- **Reviewed by 03403189**

The manuscript from Günaltay et al. presents a case of a patient with collagenous colitis receiving faecal microbiota transplantation. The case is interesting and describes a novel application of a procedure already established in other conditions. The manuscript is written quite clearly however the authors are requested to comment on the following points:

1. "Case Report" section: diagnosis of CC is reported as "on usual clinical and histopathological classifications" and references are cited. I would suggest to specify here the typical histopathological characteristics introducing a short sentence to make it clearer to the readers.

*We thank Reviewer **03403189** for helpful comments. We have now included the details of histopathological characteristics as following: histopathological evaluation which showed an increased number of lymphocytes in lamina propria, in the epithelium and in a few crypts. There was a thickened collagenous band subepithelially. The findings were diffusely distributed in the whole colon. This information is added in the case report on page 5 lines 96-99.*

2. "Case Report" section and "Table 1": treatment used before FMT are reported. What are dose and duration of each treatment?

We have now included the details of the treatments in Table 1 and referred in the text (page 5, lines 113-114), as following:

- *Loperamide 2-4 mg per day*
- *Cholestyramine 4 g three times per day*
- *Doxycycline 100mg once per day for ten days, given in two cures*
- *Budesonide capsules 3mg 1-3 times for 2 years*
- *Mesalazine 800mg twice per day for 4 month*

- *Azathioprine 25 mg per week and then increased up to 75 mg per week*

3. "Case Report" section: "She had doxycycline in November 2013…for bursitis". What kind of bursitis was it?

She had olecranon bursitis thus she was treated with doxycycline. This information is now added in the text, page 5. Line 111.

4. "Discussion" section: although interesting and novel, this remains a single case description. The authors should discuss, within the limitations of the manuscript that this is a case report and conclusions on the effect of FMT in this condition cannot be drawn based on a single case.

We agree on the reviewer's comment that our case report is limited to one patient to conclude the effect of FMT. Thus, we have changed the conclusion on page 9, lines 207-210, as following:

- *This case study may represent a novelty in the clinical management of MC. We used FMT with a good clinical effect, and it suggests a new indication for the microbiota-related therapeutic concept. Although this is only a case-report, we believe that FMT in MC should be further studied to explore the potential of this approach.*

- **Reviewed by 00003692**

Same comments as above.

*We thank Reviewer **00003692** for reviewing our case report. Please follow our answers to Reviewer **03403189.***

- **Reviewed by 02997934**

Overall well written and novel addition to literature. Please address:

1) Was C diff tested prior to each FMT. With the dysbiosis seen in CC there is likely increased risk of C diff infection and so it would be important to not C diff status to address if the

improvement in clinical status seen was due to alteration in CC rather than treatment of intercurrent C diff.

We thank Reviewer ***02997934*** *for helpful comments. We had collected fecal samples for stool cultures to test C. difficile, which were performed at diagnosis, before the first FMT, and before the second FMT. We agree with the reviewer that this information is important for our case report, thus we have included these details on page 5. Lines 101-102.*

2) Please describe more about your protocol and why the intervals you used for repeat FMT were chosen.

In this case report, we followed the FMT protocols that have been used for C. difficile and for ulcerative colitis, i.e. thorough screening of recipient and donor for any transmittable diseases [1, 2]. The details of the faecal transplant are described in the case report on page 6, lines 127-133 and summarized in Table 1. We changed from enema (First FMT was performed according to our standard procedure for C. difficile treatment) to administration in the cecum, because the effect of FMT was not so convincing, and we learned that more and more studies followed the administration of fecal transplant into the cecum [1]. We believe that this information would be important for the readers thus we added this in the case report on page 6 lines 130-132. As FMT has not been an established treatment option for collagenous colitis patients, we chose the intervals for FMT according to the patient's clinical status.

References

1 Kelly CR, de Leon L, Jasutkar N. Fecal microbiota transplantation for relapsing Clostridium difficile infection in 26 patients: methodology and results. *J Clin Gastroenterol* 2012; **46**(2): 145-149 [PMID: 22157239 DOI: 10.1097/MCG.0b013e318234570b]

2 Moayyedi P, Surette MG, Kim PT, Libertucci J, Wolfe M, Onischi C, Armstrong D, Marshall JK, Kassam Z, Reinisch W, Lee CH. Fecal Microbiota Transplantation Induces Remission in Patients With Active Ulcerative Colitis in a Randomized Controlled Trial. *Gastroenterology* 2015; **149**(1): 102-109.e106 [PMID: 25857665 DOI: 10.1053/j.gastro.2015.04.001]