Author's response to reviews

Title: Evaluation of Diet Pattern Related to the Symptoms of Mexican Patients with Ulcerative Colitis (UC): Through the validity of a questionnaire.

Authors:

Nallely Bueno-Hernández (nalle_bh5@hotmail.com)
Martha Nuñez-Aldana (marthanunez@hotmail.com)
Ilse Ascaño-Gutiérrez (ilse_ascano@hotmail.com)
Jesus K Yamamoto-Furusho (kazuofurusho@hotmail.com)

Version: 4
Date: 26 January 2015

Author's response to reviews: see over
Dear Editor:

Enclosed you will find the revised version MS ID: 1918847572148470 of the paper entitled: “Evaluation of Diet Pattern Related to the Symptoms of Mexican Patients with Ulcerative Colitis (UC): Through the validity of a questionnaire” as well as the response to reviewers. All reviewer’s suggestions were incorporated in the manuscript and marked in yellow.

I am looking forward hearing from your response.

Best regards,

Prof. Jesus K. Yamamoto-Furusho M.D., Ph.D., MSc.

Head of IBD Clinic, Department of Gastroenterology,

Instituto Nacional de Ciencias Médicas y Nutrición

Vasco de Quiroga 15, Tlalpan, C.P. 14000, Mexico, D.F. MEXICO.

Tel (52) 55 55 73 34 18

Fax: (52) 55 56 55 09 42

Email: kazuofurusho@hotmail.com
Response to Reviewers

Reviewer: Beng San Yeoh

Major Compulsory Revisions

1. In ‘Abstract’ section, 233 patients are mentioned, those correspond to the applied surveys, in ‘Methods’ section; there are mentioned 185 patients corresponding to the size of the sample, while 132 patients in the ‘Results’ section were those used for the questionnaire validation twice.

The sample size obtained was 185 patients, however, at the end we included a total of 233 patients for the application of the questionnaire and 132 patients construct validity analysis in a prospective cohort study. In conclusion, there are two different sample sizes for two different experiments.

2. The grouping of the type of food is quite confusing. First, the authors mentioned 7 food groups being evaluated. Next, the authors mentioned eighty-one food components divided into 5 groups. Lastly, the authors discussed foods that are re-assigned into three groups. I suggest the authors to include a table that clarifies what foods are in which group. Alternatively, the authors can also add more clarifying sentences that help readers to transition from one group system to another group system.

We grouped into 6 groups of food evaluated and new table (Table 1) was added for clarifying the type of foods belongs to each group. Additional sentences were inserted in order to help the readers from the transition of different group systems.

3. Table 1 and 2 are not included in my manuscript copy. Please include those missing data.

Now, tables 2 and 3 (previous tables 1 and 2) were included in the manuscript because a new table (table 1) was included in the revised version.
4. The sentence "questionnaire that evaluates the relationship of each food with every one of the symptoms of ulcerative colitis" is misleading in the manuscript. The authors did not separately show what foods is associated with diarrhea, what food is associated with rectal bleeding and etc. Please provide data for each symptoms associated with the foods. Alternatively, please rephrase the sentence to reflect the data presented.

The sentence "questionnaire that evaluates the relationship of each food with every one of the symptoms of ulcerative colitis" was rephrased because it was not consistent with the aim of the study.

**Minor Essential Revisions**

5. It is inaccurate to state that intolerance to fat and spicy foods increase with age because Figure 4 did not show much change among the different age group for fats and spicy foods (only dairy product showed increased food intolerance).

Figure 4 was replaced by other figure, this new figure shows that food groups were not associated with symptoms in patients with active and remission UC.

**Discretionary Revisions**

6. Please re-define Group 1, 2 and 3. The 'active vs remission' observation should not be used as a basis to define the groups. Instead, I suggest that the authors define Group 1, 2 and 3 as high, medium, low respectively in their frequency in causing/associating with colitic symptoms. After that, the authors can describe the 'active vs remission' observations in each groups.

The groups were already re-defined into the 3 groups and classified as high, medium and low respectively to the frequency in causing colitic symptoms in the manuscript, table 3 and figure 5 as reviewer’s suggestion.

7. The authors mentioned that vegetable oils did not produce symptoms in UC patient. Perhaps, the authors can consider to make Group 4 that consist of foods not associated with colitic symptoms.

The Figure 4 shows the foods not associated with colitic symptoms.

8. Figure 5 depict interesting data about Group 1 food aggravate the severity of colitis. What about group 2 and 3?

The Figure 5 includes the food groups (Group A, Group B and Group C) that cause symptoms in patients according to disease extent of disease.
Reviewer's report

Reviewer: Benoit Chassaing

Reviewer's report:

Major Compulsory Revisions:

1. Figure 1 and 2 are unclear and extended explanations have to be added in order to fully understand this representation. More importantly, it appears that the authors found only food that increase UC symptoms, and none protecting from symptoms. This is a bit surprising, even if the authors only focused their study on selected group of foods.

   Figure 1 and 2 were explained in detail in the figure legend and in the manuscript in order to clarify the foods involved in the different frequencies of symptoms. A new figure (Figure 4) was added for showing foods not associated with symptoms in active and remission UC patients. The content of the questionnaire was not design for identifying those protective foods.

2. Details and explanation, especially for CVI and kappa index have to be included in the manuscript.

   CVI and kappa index are fully described in the Methodology section of the manuscript.

Minor Essential Revisions:

- Typos and grammatical errors have to be edited carefully throughout the manuscript.

Typos and grammatical errors were corrected in the manuscript.