

Peer Review File

Article information: <https://dx.doi.org/10.21037/tgh-23-43>

Reviewer A

The authors have done a great job in addressing this topic and writing a nice review. I would recommend the following:
Thank you for your comments.

Comment: 1. Please comment of why select dates of October 2022 to April 2023?

Reply: Thank you for the comment. It was mistake that was made. The dates have been changed now.

Changes in text: Please refer to line 75 and Table 1.

Comment: 2. Please describe how many hits were found during the dates above?

Reply: In accordance with the journal's request, we performed a narrative review rather than a systematic review. As such, we did not record the number of citations obtained from each database.

Comment: 3. Please change "Once IBD is diagnosis," to "Once IBD is diagnosed," on line 190;

Reply: Thank you. The changes have been completed.

Changes in text: Page 6, line 206.

Comment: 4. On line 192, they state "The proliferation of IBD therapeutic options and the increasing effectiveness..." I do not think "proliferation" is the right word to use here. Please consider using a different word;

Reply: Thank you. We have used a different word.

Changes in the text: Page 6 and line 207.

Comment: 5. The authors should consider adding a section about the racial and ethnic diversity of IBS and how it maps to IBD. This is not extensively written about and would enhance their review.

Reply: Thank you for the comment. The reviewer is correct that disparities also exist in IBD presentation and management. However, given the length of our manuscript and dedicated focus to the topic of IBD disparity, we have elected not include any information regarding IBS. We wanted to focus our narrative review exclusively on IBD disparities and its management.

Comment: 6. Please consider adding the following references and comment on them:

Thank you for all the references.

<https://pubmed.ncbi.nlm.nih.gov/36975373/>

Reply: This study has been included in the manuscript.

Changes in the text: Page 10. Please refer to line 365-368 and reference #40.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10332404/>

Reply: This paper has been included in the manuscript.

Changes in the text: Page 5. please refer to line 178-181 and reference #20.

<https://www.sciencedirect.com/science/article/abs/pii/S0016508520353129>

Reply: This paper has already been included in our manuscript.

Changes in the text: Page 4. Please refer to lines 127-129 and reference #11.

<https://academic.oup.com/ibdjournal/article/28/9/1405/6374390>

Reply: This study has been added in the manuscript.

Changes in the text: Page 10. Please refer to lines 368-371 and reference #41.

Reviewer B

The review is good written, however needed to be improved. A review should be comprehensive and helpful for the readers. Not think should focused mostly on the data from the USA.

There are several points needed to improve:

Comment: 1. Results section needed to be added- in this section the author should include their results regarding the number of studies found (flow chart) excluded, duplication ...which time, in which the studies published.

Reply: Thank you for the feedback. Since the journal requested a narrative review, we did not perform the more rigorous systematic review search for our articles, which precludes the inclusion of a flow-chart. We have included a table 2 with all the key references presented in the manuscript.

Comment: 2. Epidemiology – is an important issue and needed to be addressed and studied investigated the increasing of IBD among specific ethnic groups, minorities should be included, not only from the USA, other studies from Europe

or middle East should be added. The populations in Israel are of special interest and maybe a good example for different ethnicities sharing the same health system, but with huge change of the lifestyle of the Arab population and increasing of the IBD.

Reply: Thank you for the feedback. We have included information throughout the manuscript regarding other ethnicities as well. The references include #9, #13, #14, #15, #22, #23, #24, #38.

Comment: The different sections (genetics ...) of the discussion should include published data from other regions.

A lot of other studies included data regarding ethnicity and IBD could be cited and included. The results, discussion and the references of the following papers and other papers could improve part of the review.

Thank you for the references.

Burisch J., Pedersen N., Čuković-Čavka S., Brinar M., Kaimakliotis I., Duricova D., Shonová O., Vind I., Avnstrøm S., Thorsgaard N., et al. East-West gradient in the incidence of inflammatory bowel disease in Europe: The ECCO-EpiCom inception cohort. *Gut*. 2014;63:588–597. doi: 10.1136/gutjnl-2013-30463

Reply: Thank you for the reference. This reference was not included in our manuscript as it did not provide any additional new information.

Stulman M.Y., Asayag N., Focht G., Brufman I., Cahan A., Ledderman N., Matz E., Chowers Y., Eliakim R., Ben-Horin S., et al. Epidemiology of Inflammatory Bowel Diseases in Israel: A Nationwide Epi-Israeli IBD Research Nucleus Study. *Inflamm. Bowel Dis*. 2021;27:1784–1794. doi: 10.1093/ibd/izaa341

Reply: Thank you for the reference.

Changes in the text: Page 6. This study has been included, please refer to lines 197-202 and reference #20.

Mosli M., Alawadhi S., Hasan F., Abou Rached A., Sanai F., Danese S. Incidence, Prevalence, and Clinical Epidemiology of Inflammatory Bowel Disease in the Arab World: A Systematic Review and Meta-Analysis. *Inflamm. Intest. Dis*. 2021;6:123–131. doi: 10.1159/000518003.

Reply: Thank you for the reference.

Changes in the text: Page 6. This study has been included, please refer to lines 202

– 204 and reference #24.

Abu-Freha N, Ealiwa N, AbuTailakh M, Abu-Abed M, Bader S, Tabu R, Schwartz D. Ethnic Issues and Disparities in Inflammatory Bowel Diseases: What Can We Learn from the Arab Population in Israel? *J Pers Med*. 2023 Jun 17;13(6):1008. doi: 10.3390/jpm13061008. PMID: 37373997; PMCID: PMC10301587.

Reply: Thank you for the reference.

Changes in the text: Page 9. This study has been included, please refer to lines 347-353 and reference #38.

Comment: A lot of the references of this paper could be relevant for the review.

Reply: Thank you for the feedback. I have included your references as mentioned above.

Reviewer C

Thank you for the opportunity to review this paper. The paper dives into an important topic of understanding the literature on ethnic and racial disparities in the IBD population.

In general, this paper needs more literature synthesis and less reporting of results. Only report results from studies that are most helpful to the readers. Also, consider providing more context so readers can understand the impact of the studies/findings. The beginning of the paragraph should give all the information needed to understand the findings of the study or studies, and then the last sentence should be synthesizing the literature. Each section of the discussion doesn't have a clear "flow"; consider adding subtitles to help guide readers or clearly state how the section will be organized in the first paragraph. It can be confusing at times in the paper because there is a focus on the US then shifts to a study that is not conducted in the US. For the introduction, I think there needs to be a brief statement on the difference between race and ethnicity. For the conclusion, there might be a need to mention the social determinants of health more in-depth. Additionally, this paper needs to report results from studies in the same format; whether it is adding % in a () or providing the sample size (n=), it is inconsistent throughout the paper.

Reply 1.1: Thank you for the feedback. We have included information regarding the differences between race and ethnicity in the introduction.

Changes in text: Page 2. please refer to lines 53-60.

Reply 1.2 In terms of discussing the results of the studies, to maintain accuracy, we chose to keep in line with the statistical results/presentation as they appeared in the source materials. We included a separate section with IBD and access to specialty care which addresses the social determinants of health in more detail.

Changes in text: Page 6. Please refer to lines 205 – 252.

Reply 1.3: The reviewer is correct that much of the information and focus of the manuscript is on source material from the US. As we addressed, articles that describe comparisons across racial and ethnic groups by necessity rely on data from more diverse locations/populations such as the US. However, with our revisions we have added relevant articles from other locations with diverse populations to study such as the UK, Canada, and the Middle East.

Below are my specific comments:

Comment: -provide citations for facts/statements made in paragraphs 1 and 2

Reply: Thank you for the comment. The references have been provided for both first and third paragraph in the introduction section.

Changes in text: Page 2. Please refer to lines 37-43 and lines 53-60.

Comment: -line 49: not clear what "traditional" means. Additionally, does “peaking” mean that there is a high rate of IBD diagnosis?

Reply: Thank you for the comment. I have made changes to the sentence.

Changes in text: Page 2. Please refer to line 47.

Comment: -lines 54-56: This paragraph's last sentence is unclear.

Reply: Thank you for the feedback. The sentence has been rephrased.

Changes in text: Page 2. Please refer to lines 50-52.

Comment: -line 57: if Black, Asian, etc. are capitalized, you should also capitalize White

Reply: Thank you for the feedback. These changes have been made throughout the manuscript.

Comment: -lines: 62-64: rephrase and combine

Reply: Thank you for the comment. I have rephrased the sentence.

Changes in text: Page 2, lines 62-64.

Comment: -line 75: what is the source of the checklist?

Reply: Thank you for the comment. As per the journal requirements, we need to include narrative checklist.

Changes in text: Page 2. Please refer to line 80.

Comment: -line 101-102: be consistent with abbreviating CD and UC

Reply: Thank you for the comment. The changes have been made throughout the manuscript.

Comment: -line 124, 126, 131, 170: inconsistencies in the use of African American

Reply: Thank you for the comment. Changes have been made throughout the manuscript.

Comment: -line 149-154: There is no clear context as to why thiopurine is relevant to IBD

Reply: Thank you for the comment. Changes have been made.

Changes in text: Page 4. Please refer to lines 143-146.

Comment: -line 194: Social determinants of health (SDOH or SDH) is the typical abbreviation- if this is referring to the SDOH from Healthy People 2030

Reply: Thank you for the correction. Changes have been made.

Changes in text: Page 6. Please refer to line 210.

Reviewer D

Comment: This paper states that its purpose is to:

"discuss the disparities in the presentation and management of IBD patients among different ethnicities."

It is, however, a narrative review, which almost entirely deals with data from the USA. It quotes little, if any, work done on migrant communities in the UK and Canada. Its comments that the disease continues to be most frequent amongst Ashkenazi Jews should be referenced against its frequency in other communities.

Considerable work has been done in the USA and in the UK on issues of access to therapy by minority communities. Only some of the American work is referenced and none of the British work.

The authors need to look again at the research methodology and ask themselves why so many papers dealing with this issue have been excluded from their narrative review. The paper needs considerable revision to make it suitable for publication.

Reply: Thank you for the feedback. We have included additional references and

incorporated it in our manuscript. We have diversified by including different populations from UAE, Israel, UK, and Canada.