Reviewer's report

Title: Anticipating implementation of colorectal cancer screening in The Netherlands: a nation wide survey on endoscopic supply and demand

Version: 1 Date: 25 October 2011

Reviewer: Rei Goto

Reviewer's report:

The strength of this paper is that you have presented questionnaire survey data from almost all endoscopy units in the Netherlands on the production of colonoscopy. You have successfully simulated needed production if national CRC screening is implemented. This paper is very useful for considering processing capacity of cancer screening. I recommend the following:

Major Compulsory Revisions

1. In “Study design”, the authors should details about search words or search formula in literature review.

2. The authors need to be more careful about distinction between “capacity” and “production”. Around 22.4% of unit answered to be capable of coping with 30% increase in endoscopic procedures. In these units, present production level might be less than capacity level if present manpower and facilities are given. Increase in supply or production or service can be realized by more efficient use of present resources and enlargement of capacity by investing on resources. This distinction can be added in the 5th paragraph of Discussion.

3. Distribution change of specialties in endoscopists is interesting. Gastroenterologists might be more trained for endoscopy and have more time to devote their time to gastroenterological cancer. The increase in the number of specialist can be associated with increase in endoscopic production without severe workload elevation. Please discuss this.

4. This paper considers workloads for physician alone. The increase in number of colonoscopy is burdensome also for co-medical workers. Who is in charge of preparation of scopes and other facilities, pre-medications, cleansing of scope and assistance for patients? If these pre- and post- examination works are done by co-medicals, it is better to mention about workload of co-medicals (just in the Discussion). Actually, Goto et al. (2011) reported that three quarters of total operating time of gastroscopic procedures are pre- and post- examination works.


Discretionary Revisions

1. Is there changes in practice guideline for colonoscopy procedures? If there are changes in pre-medications, testing and washing and sterilization, this changes workload for colonoscopies.

2. Is there any changes across units in expectations of workload increase of endoscopy in 2012? For example, the proportion of gastroenterologists can be possible factors associated with potential workload increase.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

declare that I have no competing interests