Author’s response to reviews

Title: Colorectal cancer screening: the time to act is now

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Reviewer reports:

Reviewer #2: I greatly enjoyed reading this insightful short review of colorectal cancer screening. I think it encompasses the major issues extremely well.

Response: Thank you very much for the appreciation of our work!

Reviewer #3: In their manuscript, Brenner et al. describe the mismatch between the evidences of efficacy, effectiveness and cost-effectiveness of colorectal cancer screening and the actual implementation of screening programs in most countries. They discuss the main possible reasons for this gap and implications for research.

I have only few comments to improve the paper.

Page 4, line 46. Despite its frequency…

You could enrich this point by reporting some data about the fact that, according to different statistics, CRC ranks second or third for incidence among adults (e.g. in the UK

http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-One

http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Two)

Response: We had already given data on global frequency of CRC and CRC deaths in the Background section. We now enrich this information by additional data on occurrence of CRC in developed countries and Europe in particular (page 4, para 1, lines 3-5).

Page 4, line 55. Evidence on the effectiveness of CRC screening has not been available…

This is right, but now such evidence is there, it is fully available and the scientific community should put a renewed care in efficiently communicating the relevance of these data to politicians, health care
stakeholders and providers. In my opinion, one of the major reasons for the 'translational gap' between scientific evidence on CRC screening and its implementation is actually the distance between researchers and decision makers. When diffusing their research, scientists should put more attention also to this specific target, otherwise many opportunities will continue to be lost.

Response: We agree and now specifically address this important point (page 5, para 1, lines 3-6).

Page 5, line 1. … providers may tend to focus on measures that pay off in the short run…

I agree with you. However, this should stimulate the implementation of studies on the actual costs for CRC in the health systems where screening programs are ongoing, compared with controls. In particular, evidences are emerging about the impact of screening (including FIT-based programs) in terms of a reduction of CRC incidence and in particular of cases at advanced stage at diagnosis; the implications for possible savings deriving from a reduction in the prescription of high-cost new drugs are very interesting and should be discussed in the paper.

Response: We agree, and have expanded discussion of this aspect (Page 7, last four lines).

Editorial suggestions:

In addition to the reviewers' comments, could you please add to the manuscript the following:

- Authors' contributions

Response: Added as suggested (page 11).

- Keywords, at the end of the abstract

Response: Keywords had already been included in our first submission (page 4).

- List of abbreviations

Response: Added as suggested (page 11).