Reviewer’s report

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

Version: 0 Date: 23 Sep 2015

Reviewer: Manuel Zorzi

Reviewer's report:

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

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.

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.

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