



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40974

Title: Willingness to pay for colorectal cancer screening in Guangzhou

Reviewer's code: 03001816

Reviewer's country: United States

Science editor: Xue-Jiao Wang

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SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This paper does achieve basically what it set out to do, to evaluate the willingness of the population of Guangzhou to pay for colorectal cancer screening, with the conclusion that most are willing to pay, but not much, and less than the cost of colonoscopy. Question: did the survey distinguish between choice of the two major screening options in China -



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FOBT and colonoscopy? If so, the data should be presented - is there a preference? if not, it should at least be indicated in the Discussion that this is a variable - the people who refused to pay because the "examination is too painful" (presumably colonoscopy) may be willing to pay for FOBT. Also, if people are not willing to pay the cost for colonoscopy, it may be prudent to make first like screening FPBT, and then have colonoscopy reserved for FOBT-positive results (this would reduce costs and may make free colonoscopy more feasible). It is also interesting that a paper is referenced suggesting that colonoscopy detection rates were higher for free colonoscopy than paid, which is somewhat counter-intuitive. Some minor language polishing/editing by someone fluent in English would be helpful to make it easier to read.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No