

Dear Editors,

Thank you for the opportunity to provide revisions to our manuscript 48853. We hope that you find the revisions acceptable.

Sincerely,  
William Clarke and Joseph Feuerstein

**Reviewer 1:**

Generally well-written and concise view. One minor comments 1. IBD is a risk factor for CRC, thus Surveillance for colorectal cancer in IBD patients is better than "Colorectal cancer screening in inflammatory bowel disease" What about change the title? Thanks

We thank the reviewer for their comments and agree with their suggestion. We have changed the title of our manuscript to reflect the importance of "surveillance." Our title is now:  
**Colorectal cancer surveillance in inflammatory bowel disease: Practice guidelines and recent developments**

**Reviewer 2:**

This is a well-written manuscript addressing an interesting issue. I have only minor comments: 1) Title: please consider if the term "surveillance" might be more appropriate in place of "screening"

We thank the reviewer for their comments and agree with their first recommendation as addressed in our comments to reviewer 1.

2) Table 1 shows that different surveillance intervals are recommended; the issue is not addressed in the text and might be presented in a short paragraph

We have addressed this by a further discussion in the text about different surveillance intervals. The following section has been added to page 6:

**There is consensus that patients with PSC should undergo annual surveillance. Otherwise, societies recommend surveillance intervals ranging from every 1-5 years based on a number of risk factors including personal history of dysplasia, active inflammation, family history, and anatomic abnormalities such as inflammatory pseudopolyps, foreshortened colon and strictures.**

3) Although within the text there is some implicit comparison between high and standard definition colonoscopy, a short paragraph formally addressing this issue might be of help to readers

We have added the following short paragraph to help readers understand the benefit of HD over SD colonoscopy:

**High definition (HD) colonoscopy produces images with more pixels than standard definition (SD) colonoscopy, resulting in greater image detail. HD also allows for faster image refresh rates than SD, improving the display of moving objects [33]. HD colonoscopy has been shown to result in higher adenoma detection than SD colonoscopy in patients undergoing screening colonoscopy [34].**

4) There are a few typos to correct: e.g. page 9, first line (word "improved" repeated two times); page 11 fifth line "in many cases" instead of "it many cases"

We thank the reviewer for pointing out these typos and have fixed them.

### ***Reviewer 3***

The authors present practice guidelines and a review of recent developments on colorectal cancer screening in inflammatory bowel disease in a very organized and useful paper for clinicians who deal with those patients. I have no suggestions for improvement as this is a high quality paper

We thank the reviewer for these kind words