

Manuscript: 21614

Race and colorectal cancer screening compliance among persons with a family history of cancer

Dear Editor,

We thank you, the reviewers and the Editorial Team for your comments and suggestions. We think the paper is improved and appreciate your input. Our responses to the reviewers' comments follow:

Reviewers' Comments:

Reviewer 1

Interesting study. Thank you.

Our response: We thank the reviewer for the comment.

Reviewer 2

The manuscript titled "Race and colorectal cancer screening compliance among persons with a family history of cancer" is a well designed observational study that addressed a major issue about health behavior among different races. The authors managed to reveal this issue through extensive research and thorough statistical analysis. The paper has the ability to publish unaltered.

Our response: We thank the reviewer for the comment

Reviewer 3

In my opinion, most important about this cohort is the problem of insurance and medical coverage of the study subgroups. Therefore, the method of "adjusting the factor of insurance" in statistics should be answered in statistics section. But I believe if some people in a given sample are not equally reaching the medical care, but you sample them randomly and you adjust this inequality with an unknown statistical method retroactively; this is called bias..

Our response: We thank the reviewer for reviewing our paper. However, we respectfully disagree with the reviewer. Albeit with different required co-pays, but virtually all health insurance companies in the United States provide coverage for colon cancer screening among the studied population because they were at least 50 years of age. Therefore, the most important factor is whether a respondent has health insurance or not. We agree that having health insurance may not tell the complete story about access. For instance, other factors such as accessibility of healthcare facilities and availability of providers that accept the respondents' health insurance may also affect screening compliance, but this may not be "bias" as we did not differentially apply this factor in the analysis of any particular group of interest. Nevertheless, we have now

expanded the limitation of our study to include that other unmeasured factors may be driving compliance to CRC screening that we did not capture in our study.

Reviewer 4

After careful considerations, my opinion is that the paper has high quality and could be published in the World Journal of Gastroenterology

Our response: We thank the reviewer for the comment.