

Dear Editor,

Enclosed please find the revised manuscript formerly entitled "**Colorectal cancer screening in the Countries of the European Council outside EU-28**", by Altobelli E et al.

All the reviewers' queries have been addressed:

Title page:.

- the title has been modified as follows: **Colorectal cancer screening in Countries of European Council outside of the EU-28**
- the postal code has been added.

The Editor's comments have been added after the conclusion (pages 17-18).

The original paper was revised for language by a science translator, whose professional certification as attested by her national association is enclosed.

COMMENTS

Background

Although colorectal cancer (CRC) is a tumour for which screening has proven efficacy and cost-effectiveness, in several European countries screening implementation is fraught with difficulties. CRC incidence is quite variable among European countries, and the lower rates found in eastern Europe are higher than the world mean.

Research frontiers

The Council of Europe has recommended the priority activation of CRC screening programmes. According to a 2008 European Commission report on the diffusion of CRC screening programmes in the EU, only 12 of the then 22 member states had population-based screening programmes; the others were recommended to provide to their citizens equal access to cancer prevention.

Innovations and breakthroughs

The present paper provides a systematic review of the screening programmes that are active in the 28 non-EU members of the Council of Europe, using data collected from institutional websites and from the literature. Besides reviewing the epidemiological data (incidence, 5-year prevalence, and mortality), it undertakes a critical examination of their quality and provides key information on colorectal cancer and the prevention strategies adopted in each country.

Applications

The absence of organised screening increases the social burden of cancer, delaying the adoption of treatments of proven efficacy that induce as little disability as possible. Conceivably, the problem is even more severe in countries where early detection testing is not provided by the national health care service and is predominantly out of pocket, compounding the vulnerability of the poorer groups in the population. Notably, the activation of organised screening programmes in emerging countries would actually be cost-effective, also considering that early tumour detection considerably reduces subsequent social and health costs.

Terminology

Fecal occult blood (FOB) refers to blood in the feces that is not visibly apparent. A fecal occult blood test (FOBT) checks for hidden (occult) blood in the stool (feces); immunochemical test (iFOBT) is based on human hemoglobin antibodies.

Peer review

This review paper covers recent topics in CRC screening, and is concisely written. The information given is helpful to promote the further advance in the field. Our point by point reply to the objections raised by the reviewers is enclosed herein.

We hope that the revised manuscript may be acceptable for publication in World Journal of Gastroenterology

Sincerely

Emma Altobelli