CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number: __29__

Manuscript word count: __5585__

Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	*General Information of the Manuscript* **Name of journal:** World Journal of Gastroenterology **Manuscript NO.:** 66666 **Column:** Observational Study **Title:** Impact of a colorectal cancer screening program implantation on delays and prognosis of non-screening detected colorectal cancer **Authors:** Joaquin Cubiella, María Lorenzo, Franco Baiocchi, Coral Tejido, Alejandro Conde, María Sande-Meijide and Margarita Castro **Reviewer code:** 03479136, 05116713, and 05746586 **First decision:** 2021-07-14 05:12 **Scientific Editor:** Li-Li Wang **Date of signature:** ___9/8/2021___ (month/day/year)	[Y]
2	*Editorial Office's Comments* **Science Editor:** 1 Scientific quality: The manuscript describes a study on effects of implementation of a CRC screening program may increase the awareness of primary care physicians and, thus, reduce the diagnostic delays in CRC detected outside the screening program and improve prognosis. The results appear to confirm that	[Y]

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the implementation of the program reduced the diagnostic delays, but the overall result had no effect on the stage at diagnosis or in the two-year survival. The topic is within the scope of the WJG. (1) Classifications: Grade B, Grade C, and Grade D; (2) Summary of the Peer-Review Report: In this study, the investigators present an analysis on two cohorts of patients diagnosed with CRC in a Spanish region before and after the implementation of an institutionalized screening program. In this retrospective intervention study with a pre-post design, the authors confirmed the hypothesis that implementation of a CRC screening program may increase the awareness of primary care physicians, reducing the diagnostic delays in CRC detected outside the screening program. However, their study demonstrated that such reduction in the delay had no effect on the stage at diagnosis or in the two-year survival according to the multivariable Cox regression analysis. This topic is of potential interest to the Journal's readership. The manuscript was rated by the three reviewers in a wide range from B (very good), C (good), to D (fair). Together, they raised several questions that should be answered; (3) Format: There are 3 tables and 4 figures; (4) References: A total of 27 references are cited, including 10 references published in the last 3 years; (5) Self-cited references: There are at least 5 self-cited references (18.5%); the self-referencing rate should be less than 10%. Please keep the reasonable self-citations (i.e. those which are most closely related to the topic of the manuscript) and remove all other improper

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self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; 2 Language evaluation: Classifications: Grade B, Grade B, and Grade B. A language editing certificate was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the Approval Form from Institutional Review Board Committee. No academic misconduct was found by the Google/Bing search. 4 Supplementary comments: This is an invited manuscript, and the work was supported by Spain's Carlos III Health Care Institute by means of project PI17/00837 (Co-funded by European Regional Development Fund/European Social Fund "A way to make Europe"/"Investing in your future"). 5 Issues raised: (1) This study needs clarification in terms statistical methods. Cox multivariate regression analysis was used to determine which variables were independently related to survival after diagnosis. Prior to this, univariate regression analysis was not performed to screen variables. Due to the correlation between the included variable, this approach may produce much confounding bias. Please, explain the rational for the approach chosen, or add some more data to statistical analysis. (2) The conclusion that reducing in referral delay had no effect on CRC staging at diagnosis seems to be controversial. Through the analysis of this study, the conclusion seems to lack evidence, because it did not confirm the impact of referral delay on CRC staging. Please, add

discussion on this issue. (3) The major goal of this study was to demonstrate whether the screening could "reduce health system delays and improve CRC staging at diagnosis and long-term survival". However, the authors do not report any survival data, and the follow up is way too short to analyze the long-term survival. Please, explain why the results are still relevant, in the discussion. (4) The investigators do not present sufficient data to demonstrate any significant benefit or impact on the CRC population. CRC screening programs have been successfully implemented in many countries across the World, and it is unlikely that this scenario will be reverted, because of the numerous benefits of the screening and the good general acceptance by the populations. It may sound anecdotal to evaluate any further benefit in terms of diagnostic and referral timings, that are probably not comparable since the 2 population of this study are from different time periods, when protocols, pathways, referral processes and diagnostic/therapeutic capacity could have been modified and improved over time. Please, add some more discussion to defend the relevance of your study, or offer an alternative methodological approach.   6 Re-Review: Required/Required/Not required.   7 Recommendation: Conditional acceptance.

Company Editor-in-Chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is

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	conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".	
3	The fixed headings are copied.	[Y]
4	The title concisely summarizes the main topic of the study and is not too long (no more than 18 words). Words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are avoided. The title does not start with 'The' and does not include any Arabic numbers or uncommon abbreviations.	[Y]
5	A short running title is provided (no more than 6 words).	[Y]
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7	The 'Author contributions' passage describes the specific contribution(s) made by each author. The author's names are listed in the following format: full family (sur)name followed by abbreviated first and middles names. *e.g.*, "Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the manuscript. All authors have read and approve the final manuscript."	[Y]

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8	The 'Supported by' statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.	[Y]
9	The 'Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (*e.g.*, MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.	[Y]
10	The Manuscript Tracking information (*i.e.*, Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors.	[Y]
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12	The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.	[Y]
13	The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter	[Y]

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	capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. *World J Gastroenterol* 2019; In press	
14	The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract readers.	[Y]
15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [*i.e.*, "…computed tomography (CT)"]. First-person pronouns (*e.g.*, 'I', 'we') are used appropriately to clearly indicate the work performed by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	[Y]
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[Y]

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17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure (*i.e.*, chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[Y]
18	Statistical symbols are accurate. Statistical significance is expressed as [a]$P < 0.05$, [b]$P < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, [c]$P < 0.05$ and [d]$P < 0.01$ are used, and a third series of P values is expressed as [e]$P < 0.05$ and [f]$P < 0.01$. Statistical data is expressed as mean ± SD or mean ± SE.	[Y]
19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[Y]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support (*i.e.*, providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (*i.e.*, useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[Y]

22	The 'REFERENCES' section lists the references in the Vancouver style. This style uses Arabic numeral in-text citations based on the order of the first appearance of a source in the text. For citations where the author's name is indicated in the text, a superscript number should be placed following the name (*i.e..*, "Pang *et al*"). For citations where no author is indicated, a superscript number should be placed at the end of the sentence. Respective examples are: "Ma[1] reported ......", "Pan *et al*[2-5] indicated ......"; "PCR has a high sensitivity[6,9]." No superscript numbers are used when the reference number is described in the text; for example, "The experimental method used has been described in reference [8]." The style of reference citations in tables is the same as that in the text (*e.g.*, Pan *et al*[2-5], please see reference [8]).	[Y]
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24	The number of cited references is appropriate for the article type, as follows: Commentary: no less than 50; Review: no less than 100; Article: no less than 30/26; Case Report and Letter to the Editor: no less than 1.	[Y]
25	The ethics-related statements are provided in accordance with the manuscript type (*e.g.*, Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, *etc.*).	[Y]

26	The names of the peer reviewers and the scientific editor are present at the end of the paper (*e.g.*, P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
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28	Split pictures include flow charts, line graphs, histograms, and graphs including text. Unsplit pictures include meta-analysis diagrams, PCR amplification curves, and survival curves.	[Y]
29	The author(s) highlighted the changes made to the manuscript according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with the changes made to the manuscript.	[Y]
31	The revised manuscript is provided (file name: Manuscript No.-Review; *e.g.*, 870- Review). The letter of peer-reviewers' comments is provided (file name: Manuscript No.-Peer-review(s); *e.g.*, 870-Peer-review(s)). The response letter is provided (file name: Manuscript No.-Answering reviewers; *e.g.*, 870-Answering reviewers).	[Y]
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	trial registration statement (file name: Manuscript No.-Clinical trial registration statement); (5) Institutional review board approval form or document (file name: Manuscript No.-Institutional review board statement); (6) Institutional animal care and use committee approval form or document (file name: Manuscript No.-Institutional animal care and use committee statement), and (7) Signed informed consent form(s) or document(s) (file name: Manuscript No.-Informed consent statement).	
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	(*e.g.*, 870-CrossCheck report). The Google searches have also been performed to further ensure publication of original content.	
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