

Reviewer #1:

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** First, i would like to compliment the authors for the time and effort put into the manuscript, as it provides valuable knowledge to the global literature. Overall, the manuscript uses an adequate scientific language and manages to communicate the main idea clearly. Therefore i recommend this article for publication.

AUTHORS' REPLY: We thank our reviewer for pointing out the interest of our paper, and for recommend it for publication in the WJGO.

Reviewer #2:

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** The text's overall Scientific Quality is excellent. It highlights the delays of screening campaigns in CRC with the covid-19 pandemic and its consequences of the reduced CRC screening activity, a current problem that has been partially solved through the covid pandemic, screening which is fundamental in the diagnosis and treatment of malignant and pre-malignant lesions. I believe that this review helps to fulfill its purpose of defining the effects of the COVID-19 pandemics on colorectal cancer diagnosis, treatment, and of most importance, prevention. Thereby I recommend its prompt publication after some minor language polishing; for example, in the following sentence, "is offered" is twice in a row: In most regions, a FOBT by the immunochemical technique is offered is offered every 2 years to all men and women aged 50–69 years, who are at the highest risk of developing the disease.

AUTHORS' REPLY: We thank our reviewer for highlighting the points of strength of our review. Please note that minor language corrections have been made and that the new parts have been resubmitted for English editing to a professional proofreading company.

Reviewer #3:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** I accept this manuscript for publication after answering the following questions: 1-Did the delay in screening and diagnosing of colorectal cancer affect the prognosis later on ? 2-If COVID-19 pandemic affect the rate of surgery for those diagnosed cases? -I declare no conflict of interest regrading this manuscript -I declare this is the 1st time to review this manuscript.

We thank our reviewer for her/his valuable comments aiming to improve the quality of the paper. To answer to the points raised, the following part has been added in the part 'Consequences of reduced CRC screening activity':

“Surgical oncology services around the world suffered a remarkable reduction in activity, resulting in a doubling of waiting lists as a result of delays in the screening and diagnosis of colorectal cancer due to the restrictions imposed by the pandemic.

A study was designed to evaluate the effects of COVID-19-related delays in colorectal cancer screening in 20 hospitals of Northern Italy by comparing 1755 patients who underwent colorectal cancer surgery in 2019 versus 1481 in 2020. The results showed that colorectal cancers in 2020 (compared to 2019) were more likely to be symptomatic (OR 1.36 [95% CI 1.09 to 1.69]), to be clinical stage T4 (OR 1.38 [95% CI 1.03 to 1.85]) and to have multiple liver metastases (OR 2.21 [95% CI 1.24 to 3.94]), although they were not more likely to be associated with surgical complications (OR 0.79 [95% CI 0.68 to 0.93]) [38]. In particular, locally advanced disease, as well as the presence of CRC metastases to the liver, are definite prognostic factors in patients affected by CRC.

Another study evaluated the impact of the COVID-19 emergency on elective oncological surgical activity in 54 surgical units in Italy, including 11 colorectal units. Among the latter, 9 (82%) experienced a reduction of their surgical activity by 60%, with an expected prolongation of 5 weeks between multidisciplinary meetings and surgery [39].

In the absence of proper catch-up campaigns aiming to recuperate those who missed their scheduled screening, the prognosis of patients with colorectal cancer could worsen. In fact, the long-term effects of the delay in colorectal cancer diagnosis due to interruption of screening activity could result in a rise in late-stage CRC cases and eventually in an undesirable loss of life years due to the lack of appropriate treatments for these patients [40].”

Furthermore, the references [30, 38, 39, 40] have been added.