

## **Response to Reviewers**

Please find below a detailed response to the reviewers comments:

### **Reviewer 1**

The research is well-designed and the overall structure of the manuscript is complete. This study examines the relationships among endoscopy pathway, colonoscopy indication, information seeking behavior and pre-procedure anxiety. The finding that direct-to-colonoscopy did not impact patient pre-procedure anxiety is reassuring. Nevertheless the manuscript would not be interesting enough to warrant readers' attention in the field of gastroenterology. It would be better to submit the manuscript to other more suitable journal.

We have submitted this to World Journal of Gastrointestinal Endoscopy

### **Reviewer 2**

This is an interesting study looking at difference in anxiety between open access and consult first pathways to colonoscopy. Answering this question has an important impact in the large field of colonoscopy. The authors presented their results in a clear fashion. The manuscript is well written. The discussion is informative and touches on the strengths and weaknesses of the study. The major weakness of the study is its observational design and the difficulty to draw reliable conclusions from it. In particular, the following are issues of concern, some of which were addressed by the authors in the discussion but others did not and need more clarifications:

1. The assignment to either group was done by the endoscopist who had access to information provided by the referring physician. For example, some of the information may have included history of anxiety and the endoscopist in this case assigns the case to the consult first group. One way to address this would be to look at past medical

history and see if frequency of anxiety or psychiatric history is same between both groups

In this study, a past history of anxiety was not obtained; however, there was no history of a differing baseline anxiety between the 2 groups.

2. The authors state “written information was provided to patients in advance with modest differences in content and detail between clinics”. This is also a source of bias. One way to see if it really matters is to see if the clinics (where patients came from) are evenly distributed between the 2 groups.

The patients were evenly distributed in the 2 groups. This has been added to the manuscript.

3. The authors relied on participants to identify whether the colonoscopy was for cancer screening or for symptoms. Why isn't this information obtained from the chart, or at least was it confirmed?

This information was confirmed from the chart review. A detailed sensitivity analysis has been included in the results section.

4. What was the aim of the pre-procedure phone call? One could suspect less anxiety in the group that received a call. The authors state that receiving a call was not associated with pre-procedure anxiety, sedation use, or info seeking behavior despite significant difference among the groups. Does this mean that this was adjusted for and the results remained the same? Why was the data not shown?

The purpose of the pre procedure phone call was to explain the test and bowel prep and to answer any questions that the participants might have. This was analyzed and not a significant factor.

5. Figure 2 shows the proportions reporting low, moderate or high anxiety. The authors state that there was no difference. Do they mean no statistically significant difference? The results should be shown since this is one of the main objectives of the study.

There were no statistical differences – this has been clarified in the text.

### **Reviewer 3**

Excellent article. I agree with the authors that in the era of busy schedules, direct access is becoming more frequent. This is done not knowing if it even works let alone taking into consideration patient's anxiety. This article gives useful insight into it. Last but not least, I agree that the primary care physician should educate patients more about the procedure to allay anxiety.