

Dear Editor,

We would like to thank you for your comments. We have noted your advices and modified and answered accordingly to each reviewer below.

Reviewer 03476711

Dear authors

Thank you for your interesting and important work that was written in an organized and clear language.

HOWEVER, I have few comments;

- The title, which is supposed to be representative of your study, missed “Colorectal cancer”. It was NOT mentioned at all, and WRONGLY gave the impression of a different aim i.e screening for IBD per sue . That was little confusing.

Answer: Thank you for your comment. We have added “*colorectal cancer*” to the title.

- Clarify the mentioned abbreviations in your TEXT.
 - Page 4, 1st paragraph; NZGG, ECCO, NICE, BSG, ACPGBI, CCA, and SVG. Page 4, 3rd paragraph; NASPGHAN.
 - Page 6; ASGE, ACG, CCFA, AGA, WGO (World gastroenterology Organization), and ACOG.
 - Page 9, 2nd paragraph; SCENIC

Answer: Thank you, we add the abbreviations to the text as you adviced.

- Editing defects;
 - Incomplete / unclear sentences:
 - i. Abstarct; conclusion: “ We conclude by addressing.....resected lesions.” WHAT????

Answer: We have modified the writting for it to be clearer.

ii. Introduction, line 5: “extent possible”!!!! to be corrected to the most possible extent/ ideally total colonoscopy.

Answer: What we mean to say is “as far as it could be done”; we do not talk about the extension of the colonoscopy. We have modified the writing for it to be clearer.

iii. Contradictory sentences e.g Page 4, 3rd paragraph, lines 4-7 “The 2013 ECCO guidelines 6-8 years then again in the same year and same society recommends 8 years”!!!!

Answer: They do seem conflicting, indeed; but it is what the ECCO recommends in the two versions of the practical guide (Endoscopy and Ulcerative colitis). Therefore proved the need of a review such as the one we have done.

iv. Page 9, 2nd paragraph, lines 5- 6; “....detection of neoplasia is inferior to that of chromoendoscopies....”

Answer: We proceed to modify this sentence.

- Prosaic sentence e.g Page 4, 3rd paragraph, 3rd line;” currently recommends.....cut off year”. You may simply write that NASPGHAN recommends starting screening 1 year earlier than other protocols.

Answer: Thank you for your comment. We substitute this sentence with the one you propose.

- Page 6, 3rd paragraph; Regarding the point of ileoanal pouch as high risk factor.....It’s better added to your identified high risk items NOT mentioned after moderate risk factor.

Answer: Thank you for your suggestion. We decided to arrange them like this because the ileoanal pouch is a situation in which the monitoring and the risk factors are completely different from those of the patients that haven't undergone surgery. We think that modifying this aspect might confuse the reader.

- Repetition e.g Page 10, last paragraph, 1st line.....terms terms....

Answer: Thank you, we proceed to correct this in the text.

Reviewer 03658316

Interesting review.

I suggest some changes:

- 1.-Pag 7, line 16: add "(" after inflammation.

Answer: Thank you for pointing out this mistake. We have modified the text accordingly.

- 2.- Pag 10, line 29: "the terms terms" – "the terms"

Answer: We have modified the text as you point out.

- 3.- I suggest to add a paragraph on endoscopic surveillance after surgery.

Answer: We understand your suggestion but in each of the appointed issues it is specified the endoscopic screening and surveillance after surgery. We think that separating this into a different paragraph might lead the reader to confusion.

4. I suggest to add a table that summarize high, intermediate and low grade risk factors and relative timing of endoscopic surveillance recommended by various scientific societies.

Answer: Thank you for advice, we add the table.

Reviewer 03254146

The authors reviewed the guidelines and consensuses from around the world on the recommendation of screening for colorectal cancer in patients with Inflammatory Bowel Disease, extracted some general rules and made some their original recommendations.

- Major points: Please describe the way to make their original recommendations in detail including the following points. 1) How to select scientific societies. Why are there three societies from UK. Ex) inclusion and exclusion criteria. 2) Please provide the strength of each societies recommendations. Ex) strong or weak recommendation and agreement rate. For readers to overview the societies' recommendation, please provide some tables. 3) Each guideline was published in different year. Please introduce any significant paper which influence guidelines' differences if there are. 4) Please provide the authors' decision criteria to make their original recommendations. Ex) When and what do they recommend (How many societies' recommendation are needed? Strength of recommendation affected their original recommendations?) ? How many authors in their seven co-authors agreed with their own recommendations?

Answer: Thank you for your advice. We have included in the text a paragraph which details the way we do our recommendations. In regard of the different dates of publishing of each guide, we do not think it is convenient to indicate the degree of agreement for each guide. The difference in the date of publishing and in some cases the lack of an update was one of the reasons that encouraged us to take up this review, to mark the relevance of this issue.

“For our revision we selected every scientific society whether local, national or international who ever published one or several papers with recommendations about the screening and surveillance process of the colorectal cancer in patients with IBD (table 1). To make our recommendations we followed these criteria:

- 1) Publishing date of the guide (stronger as more recent the date was)
- 2) Number of scientific societies that supported the recommendations.
- 3) Agreement of at least 70% of the authors, (5 out of 7) to add a recommendation to the list.

Minor points

1) Please include core recommendations in core tip (some simple general recommendations) and abstract (some general recommendations) for the readers to catch them easily if possible within the word count's limitation.

Answer: The maximum word number for the core tip is 100, as for the abstract the number is 200. We think that it is not possible to reduce the complete recommendations either in the abstract not in the core tip section. Nevertheless, we have included a sentence that will help the reader to understand the main recommendation: *"The first screening colonoscopy should be offered 8 years after a IBD diagnosis and we recommend that patients be stratified according to the individual risk for each for endoscopic surveillance intervals"*.

2) Page 2, 3 line from the bottom. Please include the related references on CRC in IBD and CRC-related mortality.

Answer: We include the bibliographical reference.

3) Page3, line 5. Please include the reason why Japanese physician started screening earlier than the recommended timing.

Answer: The non-adherence to the guides because of lack of knowledge or because of the fear of missing the diagnose of a colorectal cancer might be the cause. Nevertheless, in the pointed paper it is not cleared out what is the reason for the non adherence to the recommendations to the guides. We have modified the text.

4) Page4, line12. On PSC, endoscopy refers to ERCP for the diagnosis?

Answer: We refer to the colonoscopy. We modify the text for it to be easier to understand. Thank you for the advice.

5) Page 4, line20. Please explain why NASPGHAN changed their recommended timing.

Answer: There is no change regarding the timing recommendations. We do modify the sentence to make it clearer.

6) Page 5, line 1. Please indicate “endoscopy” in detail in PSC, what kind of endoscopy.

Answer: Colonoscopy. We modify this in the text.

7) Page 7, line 13. “)” is needed.

Answer: Thank you we add this to the text.

8) Page 9, 4 lines from the bottom. The lowest concentration of indigo carmine is 0.003% or 0.03%?

Answer: The concentration of indigo carmine can go from 0.1% to 0.03%. “Blue methylene” goes from 0.04% to 0.1%. We modify this in the text.

9) Page 10, line 9 lines from the bottom. There are two “terms”.

Answer: Thank you. We modify this.

10) Although the authors don't recommend to use the terms "dysplasia-associated lesion or mass (DALM)" and "flat lesions". On the other hand they described “However, there are still consensuses that continue to use the terms "sporadic adenomas" and "DALM"s[4,6,9,15,18]. The readers might be confused with these opposite descriptions.

Answer: We totally agree with you. In our recommendations we think that it must be avoided using this terms. We modify the sentence to make it understandable: *However, there are still scientific societies that continue to use the terms "sporadic adenomas" and "DALM"s.*