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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66666

Title: Impact of a colorectal cancer screening program implantation on delays and prognosis of non-screening detected colorectal cancer

Reviewer's code: 03479136
Position: Editorial Board
Academic degree: FEBS, MD, PhD
Professional title: Assistant Professor, Surgeon
Reviewer's Country/Territory: Italy
Author's Country/Territory: Spain

Manuscript submission date: 2021-04-14
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-06-26 06:30
Reviewer performed review: 2021-06-26 06:55
Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The Authors present their analysis on two cohorts of patients diagnosed with CRC in a Spanish region before and after the implementation of an institutionalised screening programme. Their goal is to demonstrate whether the screening could "reduce health system delays and improve CRC staging at diagnosis and long term survival". The Authors do not report any survival data, and the follow up is way too short to analyse the long term survival. They also fail to demonstrated any significant benefit or impact on the CRC population. The CRC screening programmes have been implemented in many countries across the World, and nowadays 30+ European countries offer their citizens a screening programme. 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 is therefore anecdotal to evaluate any further benefit in terms of diagnostic and referral timings, that are probably anyway 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.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66666

Title: Impact of a colorectal cancer screening program implantation on delays and prognosis of non-screening detected colorectal cancer

Reviewer's code: 05116713
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: United States
Author's Country/Territory: Spain

Manuscript submission date: 2021-04-14
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-06-26 09:10
Reviewer performed review: 2021-06-26 09:16
Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

This is an interesting and well written analysis that yields results that a first glance seem to be counter-intuitive, but, the results are what they are and the Discussion explains the situation reasonably. The statistical analysis is sound.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66666

Title: Impact of a colorectal cancer screening program implantation on delays and prognosis of non-screening detected colorectal cancer

Reviewer's code: 05746586
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: China
Author's Country/Territory: Spain

Manuscript submission date: 2021-04-14
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-06-26 13:52
Reviewer performed review: 2021-07-05 15:52
Review time: 9 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

This is a retrospective intervention study with a pre-post design to confirm the hypothesis that implementation of a CRC screening program may increase the awareness of primary care physicians, and reduce the diagnostic delays in CRC detected outside the screening program and improve prognosis. The author identified the pre-implantation and post-implantation cohort consisted of 322 and 285 patients, respectively. Baseline differences weren't be detected between both cohorts. The results of their study confirmed that the implementation of the CRC screening program reduced the diagnostic delays due to an increase in the direct referrals to colonoscopy from primary healthcare. 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. As the author mentioned, the study firstly evaluate the effect of the CRC screening programme on the diagnostic delays of CRC detected in symptomatic patients. This topic is of potential interest to the Journal's readership. However, the study still have some weakness. Principally, there are some problems in the use of 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. Furthermore, 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 be lack of evidence, because it did not confirm the impact of referral delay on CRC staging. In summary, I agree to publish this manuscript after modification.