

Copenhagen, the 15<sup>th</sup> of October 2013

Dear Editor,

We greatly thank you for the opportunity to submit a revised version of our manuscript with the revised, abbreviated title: '**Has the risk of colorectal cancer in inflammatory bowel disease decreased**' to WJG. We have taken all comments from the reviewers into consideration, as reflected in our point-by-point answers below. Further we have corrected the manuscript in accordance with the editor's suggestions.

We hope that you find that the revised manuscript has improved and that it is suitable for publication I WJG.

Sincerely,

Nynne and Tine

#### COMMENTS AND RESPONSES; REVIEWER 1

#1) The authors should include a short section describing their search strategy (e.g., databases searched, which time frames, any limitations (like language), how was conference abstracts handled, key words applied in the search as well as how the references were selected). This is now recommended for review articles by an increasing number of recognized medical journals to ensure transparency.

**Response:** We thank you for this comment. Since this is a topic highlight and not a systematic review we believe it is beyond the scope of this article to describe an itemized search strategy.

#2) In the Background as well as the Chemoprevention sections the authors should to a higher degree focus on the fact, that recent studies have pointed to an association between use of thiopurines and a reduced CRC risk in IBD

**Response:** We definitely agree that the article and results by van Schaik et al should be mentioned and discussed in the article. The focus on a reduced risk of CRC in IBD in thiopurine exposes are now included in the revised manuscript.

#3) Could the authors in the section dealing with PSC specify if reliable data are available for Crohn's disease (the section mentions either ulcerative colitis or IBD - but not specific Crohn's disease).

**Response:** We agree and the association between Crohn's disease, PSC and CRC is now elucidated in the revised manuscript.

#4) The term “immunomodulators” is recommended throughout instead of “immunosuppressants”

**Response:** We thank you for this correction and the term immunosuppressant is now replaced with immunomodulators throughout the revised manuscript.

#### COMMENTS AND RESPONSES; REVIEWER 2

##### Reviewer 2:

#1) A paragraph concerning the possible contribution of the new biological therapies and the new diagnostic tools for early diagnosis and limitation of the inflammation should be included.

**Response:** We thank you for this relevant comment. We do believe that the impact of biological therapies is encompassed in the article in balance with the current knowledge on these medications. Unfortunately, to our knowledge, there is not yet any information on the impact of diagnostic tools on early detection of IBD and thereby a limitation of the inflammation. The potential influence of diagnostic tools on early detection and lower inflammation is now indicated in the revised manuscript.