

Dongye Yang, MD, Ph.D,

The University of Hongkong-Shenzhen Hospital

Tel: 86-0755-86913333-2093

Email: yangdy@hku-szh.org

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Dear Editorial Office,

Thank you very much for your positive answer and for the reviewer' comments concerning our manuscript entitled " Should we go backward to sigmoidoscope for screening colorectal cancer in people under 45 years? ". The comments are very helpful for improving our manuscript. In the revised version, we took into account all comments of the reviewers as detailed below.

Hopefully the corrections will meet your criteria for publication, thanks !

Sincerely yours,

Dongye Yang with all the authors

The followings are our responses to the reviewer#1's comments:

Reviewer #1 (Comments to the Author):

1. The content is interesting but several questions were extracted. This paper shows that polyps are more common in the left colon, even in people under 45 years of age. This study aimed for a CLEAN COLON (All polyps found are resected.), at least in the left colon? The results of post-polypectomy surveillance after screening may vary depending on whether a clean colon was performed or not? If not, how many millimeters or larger polyps were resected if not all polyps were resected?

Thank you for the reviewer's suggestion. We have now included in the materials and methods section as follows:

“All colonoscopies were performed by experienced eligible endoscopists with the time of coloscopy pull-out time over 9 minutes and adequate bowel cleanliness which Boston Bowel preparation scale (BBPS) over 6 scores in all 3 segments as well as the ability to detect polyps >5 mm in size”.

2. What was the family history of patients under 45 years of age with polyps?

Thank you for the reviewer's suggestion. We agree that it would have been better to have family history of CRC and polyps since it is associated with a significant reduction in cancer recurrence and death.

Unfortunately, all patients underwent colonoscopy as opportunistic examination according to specialist's medical recommendation for gastrointestinal symptoms or patient initiative instead of colorectal cancer screening according to guidelines. Thus, our study did not record. It is now described in the materials and methods section of the revised version.

3. The Discussion is quite long. There is some overlap between the Introduction and Discussion. Please summarize.

Thank you for your careful reading, this has been corrected in the revised version.