

Thank you for your kind comments. We feel sure that with the modifications that you suggest, we have a much more interesting and relevant paper.

Reviewer 1. Reviewer's code: 00503623

Comments to the Author:

This editorial presents the literature data supporting the need for patients with IBD for screening and follow-up by chromoendoscopy. However, while chromoendoscopy is superior to white light endoscopy for detection of dysplasia in IBD, the procedure requires specially trained endoscopist, is time consuming, and subject to adverse effects caused by dye. The recommended alternative to chromoendoscopy is high-definition video-colonoscopy and colon biopsy. This technique, obviously, is not subject to adverse effect of dyes and does not require special training. However, both techniques appear to be equally effective for the detection of neoplasia. Never the less the recommendation is that all patients with IBD who are screened and followed up for CRC undergo chromoendoscopy. This is a reasonable and cautious recommendation. The paper is well written and supported by the pertinent literature.

Answer: Thank you for your kind comments.

Reviewer 2. Reviewer's code: 01467363

Comments to the Author:

Title: accurately reflects the topic and contents of the paper. Abstract: is appropriate, not structured, 134 words. Key words: 5 key words, precisely define the content of the paper. Core tip: is appropriate, 92 words. Editorial: is informative, 958 words, the reader is acquainted with known facts about IBD patients, higher risk of developing colorectal cancer and the the need for targeted screening procedures. The authors present the results of research in recent past, which confirms the performance of chromoendoscopy versus white

light endoscopy and other imaging (NBI...) techniques. The disadvantages of chromoendoscopy are summarized in table 1. They conclude, that chromoendoscopy should be performed in all patients with IBD who are to be screened and followed up for colorectal cancer. References: 17, contemporary references from recent past (2011 – 2018), influential journals in this field (Gut, Gastroenterology, World Journal of Endoscopy, World Journal of Gastroenterology, Gastrointest Endoscopy...). Conflict of interest: the authors declared no conflict of interest. Opinion of the reviewer The manuscript is interesting, I suggest to accept the contribution.

Answer: Thank you for your kind comments..

Reviewer 3. Reviewer's code: 02527837.

Comments to the Author:

The authors should explain what could be done to spread the procedure in all endoscopic centers. How to overcome the different barriers? I think it is a very interesting topic regarding the screening for colorectal cancer in IBD patients..

Answer: Thank you. We have added your recommendation in the text.

Reviewer 4. Reviewer's code: 01799104

Comments to the Author:

I am quite agree with that the chromoendoscopy is a better way to identify neoplastic lesion in IBD, though NBI may have some role in certain study. May be you should point out the more important issue that using this modern modality we can detect flat lesion and resect it endoscopically. In other words, chromoendoscopy has the advantage of detect early lesion other than DALM (dysplasia associated lesion or mass) as conventional white light does which might need surgical resection.

Answer: Thank you. We add your recommendation in the introduction.