

Point by point response

Editorial comments

Missing sections

The following sections were added in the revised manuscript:

- Name of journal, manuscript NO, manuscript type, running title and ORCID numbers (page 1)
- Telephone and fax numbers (page 2)
- Abstract: AIM (page 3)
- Key words, core tip and citation (page 4)
- Articles highlights: Research background, research motivation, research objectives, research methods, research results, research conclusion and research perspectives (pages 19-21)
- An audio core tip was recorded.

Comments regarding in-text citations and references

In-text citations should be superscripted in square-brackets.

Response: This was corrected in the revised manuscript.

Please check that there are no repeated references! Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

Response: This was corrected in the revised manuscript.

Reviewer 1

The review is a very interesting. Discuss the price of each of the tests and the degree of acceptance of the population. Add a table with six columns that includes sensitivity and specificity (advanced neoplasia), sensitivity-specificity (for cancer), price, degree of acceptance of each of the screening tests (FS, colonoscopy, FIT, DNA test, CT colonoscopy, decreased mortality for CRC (%)) and risk of complications. Approximately

Response: A paragraph discussing acceptance and adherence, and one discussing prices and cost-effectiveness were added in the revised manuscript (see pages 17-18). Prices of each tests are not individually discussed, but they are all detailed in Table 5 (on page 29). This table includes specificity/sensitivity

for advanced adenomas, specificity/sensitivity for colorectal cancer, price, participation rates after first-time invitation, decreased mortality for CRC and risk of complications for gFOBT, FIT, FS, colonoscopy, stool DNA test and CT colonography. The table presents quantitative data for individuals' adherence, while degree of acceptance was qualitatively discussed on page 17.

Reviewer 2

The authors presented a systematic review of CRC screening guidelines for average-risk adults, summarizing the current global recommendations. Most of guidelines were reviewed in well-organized manner, and their difference was also described well. And, the limitation of this review was also mentioned properly.

Response: Thank you for your comment!

Reviewer 3

This is a very good and interesting paper, welcomed in the field of gastroenterology. Only one comment: in section – Trial selection and study population use [] instead of () for – i.e. Association of Coloproctology and i.e. such as the Gastroenterological Society

Response: This was corrected in the revised manuscript (page 6).