Dear Editor

I would like to thank you for your remarks as well as the reviewers for their interesting comments

**Summary Box**

**What is already known:**

While CRC screening substantially decreases mortality rates, CRC screening implementation is suboptimal even in well-organized societies.

**What the new findings are**

Data concerning CRC screening in Greece are scarce. In a well-informed population (medical and non-medical staff of a central hospital) CRC prevention was far less used than other screening methods for cancer or other common diseases. Colonoscopy was the preferred screening method in this population. Education was the major factor influencing the decision for CRC screening.

**Key words**: Colorectal cancer screening, Colonoscopy, Behavior, Education

Answers to:

**Reviewer A**

We agree on most of his general comments. We completely agree that behavior towards screening decisions and preferences is very complex and multifactorial and we underline this opinion in the discussion. In Greece, the role of familial Doctor is very haze and depends largely on the target-population (rural, small towns, large cities etc). For people working in a Central Hospital and considering their facility for direct approach to the local Hospital Doctors we decided not to put this question in the questionnaire.

Major concerns

1. Our questionnaire covered not only colonoscopy but all the available CRC methods in its initial part (Methods: A special part questioned if the person has had CRC screening as well as the screening method used and finally for those who did not have a colonoscopy the reasons for this declination).

There was indeed a special part addressing the question on the reasons of colonoscopy avoidance. However, as shown in the results 39 out of forty persons who have had a CRC screening had preferred colonoscopy and only one performed FOBT and CT-colonography. Consequently we focus our analysis on colonoscopy because we have no data to analyze or to compare on the other methods.

1. As stated in the article “The aim of our study was to examine whether a population supposed to be aware of CRC problem has had any type of CRC screening. In this setting, we aimed to assess the particular place of colonoscopy and to compare characteristics between those who participated and those who did not in the screening procedures”. We did not evaluate the specific reasons a colonoscopy was performed outside of the purposes of CRC screening because of the limited place of the questionnaire and because this had the risk to get less clear the intention for screening and lead to false results. The questionnaire was anonymous in order to increase participation and permit a more free expression; consequently we cannot reexamine those files.
2. After your very useful comment there was an interesting finding when we reevaluated the data. Among the 39 screening colonoscopies 36 (92%) answered positively for a future colonoscopy (2 negatively and 1 did not answer) while among the 31 colonoscopies performed for non-preventive reasons only 21 (68%) answered positively (6 negatively and 3 did not answer), the second group reaching just the average population. Twenty four percent from those who answered positively for a future colonoscopy have had a screening colonoscopy while only 1% with a past screening colonoscopy answered negatively for a future colonoscopy. (This part has been included in the part of the results). After this subanalysis, the separation of colonoscopies to screening and non-preventive changes the message as follows: In our study, those who have had a screening colonoscopy were much more minded for a future colonoscopy (92%) while those who have had a colonoscopy for non-preventive reasons had reached only the percentages of the average population for a future colonoscopy (68%). Although there are no data explaining this behavior it probably reflects the differences between those who have the willingness and the conviction for prevention and those who have not and thus underlying the need for a better advertisement in order to spotlight CRC screening benefits and to motivate people to get into screening programs. (This part has been included in the discussion). The phrase comparing the whole population who have had a colonoscopy to those who had not was erased because of the sub-analysis findings. (~~In our study subjects with an experience of a previous colonoscopy irrespective of whether it was for screening reasons or not were more eager to accept a future screening colonoscopy. This should be multifactorial; more than half with a colonoscopy experience was for screening purposes.)~~
3. We added a summary box

**Reviewer B**

1. We agree but unfortunately we have not a detailed inventory because this was beyond our aims. Instead there was a question asking those who had a colonoscopy if they had had findings related to CRC (polyps or cancer). Among the 39 screening colonoscopies 12 polyps (31%) and no CRC were found while among the 31 colonoscopies performed for non-preventive reasons 9 polyps (29%) and 2 CRCs respectively. This information will be incorporated in the manuscript (Results).
2. No, there was no such a question in this investigation.
3. Yes, this was in the questionnaire : “A special part questioned if the person has had CRC screening as well as the screening method used and finally for those who did not have a colonoscopy the reasons for this declination”. All but one (FOBT + Colonography) declared that they have had CRC screening with colonoscopy. No one mentioned FOBT or other method. This can be partially explained because CRC screening is worldwide underused and those who decided to performed it where working in a hospital advertising and practicing screening colonoscopies under sedation; so it possible that they decided to come directly and ask for colonoscopy instead of using another method. Concerning the influence of practicing other tests on CRC screening while logical it has not been proven in this study. In the univariate analysis only PSA influenced the decision for CRC screening in men.
4. Our questionnaire had 2 parts in the field “I had not performed colonoscopy because”: A) I didn’t know that I had to perform it and B) I knew but I was…. This second part (B) was subdivided into 1) Afraid, 2) Ashamed, 3) Indifferent 4) I had other priorities and 5) Other. By doing that we tried to depict the reasons of performing colonoscopy negation to those who were aware on its need. Group A was 27%. The rest is attributed to group B, those who knew but have not performed colonoscopy. We agree with the reviewer that fear is something important; for this reason we present those results but our statistical analysis did not reveal a significance for this parameter. Concerning “other priorities” it was a choice to put this item during the construction of the questionnaire in order to depict those who were not negative to perform colonoscopy but have not put this obligation among their first priorities. This choice was an estimation and has not been the product of a validation. However, because the questionnaire was anonymous we think that it could probably reflect those who could have a positive approach towards CRC screening and colonoscopy; this has been confirmed in our study where the “I knew it but I had other priorities” (p=0.002) was positively associated with the possibility of performing a future colonoscopy. If the reviewers and the editor want we can send the questionnaire as a separate file in order to either add it at the end of the article or to make possible to the readers to find it on-line.

In the revised manuscript, the added phrases are highlighted in yellow.

In addition I send you the figure **in color** in case of publication of the article and if there is a possibility for replacement of the black and white figure in that issue.

The **abstract** and the **tables** remain the same.

On behalf of the other co-authors.

Sincerely yours

Spyridon Michopoulos