Reviewer’s report

Title: Patient Navigation to Promote Colorectal Cancer Screening among Community Health Center Patients: Results of a Pilot Study

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Reviewer: Sarah Kobrin

Reviewer’s report:

This manuscript clearly describes interesting pilot data on the topic of patient navigation interventions. As the authors describe, previous tests of this intervention approach have been limited in a number of ways. This pilot project provides data from a different population and geographic region and concerning different screening tests than earlier reports.

As the authors note in their conclusion, future work on the cost-effectiveness of this approach is essential. This pilot is not designed to contribute to that conversation but can contribute to the field’s understanding of the more general applicability of the approach.

Major compulsory revisions

Please address why medical records of control participants were not reviewed to confirm their eligibility for screening; this step seems necessary for comparability to intervention participants. This omission – unless I have misunderstood the process – seems to have a biasing potential. If control participants were not actually due for screening, they would be less likely to screen, creating a bigger difference between the two groups than could actually be attributed to the intervention effects.

Similarly, the removal from the intervention group of those whom the primary care providers reported to have previously refused screening recommendations has the potential to create a more willing intervention participant group than otherwise. The authors mention their dissatisfaction with the primary care providers’ decisions to remove these patients. However, a larger discussion of both these potentially biasing events – in the context of an intent-to-treat analysis – would help readers see the bigger picture of the effect of the study.

Very helpful in such a discussion could be a figure. The study is not so complicated, but the numbers are a bit tricky to follow. Seeing the 93 original participants, then the 38 removed (and noting the 3 of those who were screened without the intervention), then the 55 who remained to be contacted, then the 14 who were not reached (and the 2 of those who were screened), then finally the 41 who were reached (and the 24 of those who were screened) could help inform the larger sense of the project. This perspective will also contribute to the cost-effectiveness discussion.
Minor essential revisions

On pp. 5-6, please clarify the primary care providers’ criteria for removing names from the eligible list. What does “out of the country for at least 3 months” refer to? Ever? In some time period? And what is the purpose of this criterion?

On p. 6, please clarify the apparent conflict between the last two sentences of the second paragraph. “Other reasons” (which includes “uninsured”) is =4, but the next sentence says 14 were uninsured.

On p. 7, please clarify if ALL patient calls were audited, or only a sub-set (and how many and how chosen, if so).

Discretionary revisions

The authors could address more directly how these data contribute to the generalizability of findings on patient navigation. Yes, the population is a different one. But given the assumption that the field should not seek to test every intervention approach on every sub-population, generalization is necessary. To whom should these findings generalize? What do they add from that perspective?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.