Reviewer’s report

**Title:** Colorectal cancer risk assessment and screening recommendation: A community survey of healthcare providers’ practice from a patient perspective.

**Version:** 1  **Date:** 15 December 2011

**Reviewer:** Phuong Mai

**Reviewer’s report:**

In this paper, the authors examined the practice of healthcare providers (HCP) regarding colorectal cancer risk assessment based on family history and discussion of risk as well as risk-appropriate screening recommendations. The results showed that in a community-based population, family history is not frequently obtained by healthcare providers, and that risk levels and screening are often not discussed.

**Major Compulsory Revisions**

1) In the Method section, is table 1 the form that was mailed? Or were there any additional instructions? As they are, the questions and their responses might be ambiguous without further clarification. For example, if a respondent was asked about family history some years prior to the questionnaire when there was no family history of CRC (i.e., not at increased risk at that time), and family history has changed since to put them at increased risk now. How was that taken into account in the assessment of increased risk notification? This doesn’t negate the finding that family history is not obtained often enough, but perhaps some discussion is indicated.

2) What are the potential explanations for the association between respondent’s psychosocial characteristics and frequency of CRC risk assessment by a HCP? Similarly, why were the “increased risk” groups more likely to have been asked about family history? The authors, in the discussion/study limitations section, argued that it is not likely due to patient initiation.

3) The population used in this study does not include individuals younger than age 55, but perhaps the younger age-group is where CRC risk assessment matters more, as it can alter the recommendations for screening in term of start age (i.e., younger than the usual start age of 50), indicate whether referral for genetic cancer risk assessment is guaranteed, and change what screening procedure is preferred (e.g., colonoscopy for individuals at very high risk).

**Minor points:**

1) In the Method section in the Abstract, please provide more data on the methodology

2) In the Results section in the Abstract, please add response rate and clarify
what the “physical component summary score” is

3) In the Result section of the Abstract, please clarify that 31% of all respondents (and not 31% of individuals at increased risk) had received CRC screening advice from HCP

4) Please add references relating to efficacy of flexible sigmoidoscopy in the Background section

Discretionary revision

1) In the Background section, the last paragraph starting from “The aim” can be moved to the Method section

2) Please clarify if the questions in Appendix A were given in-person or with pen/paper

**Level of interest:** An article of importance in its field

**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