Reviewer's report

Title: Barriers to Colorectal Cancer Screening in Community Health Centers: a Qualitative Study

Version: 1 Date: 31 October 2007

Reviewer: David Weller

Reviewer's report:

General
This paper examines uptake of colorectal cancer screening in a US regional healthcare system with 3 hospitals and over 27 primary care centres. The population concerned is multi-cultural, and generally low-income.

The study is based on interviews with 23 outpatients (all of whom were eligible for colorectal cancer screening) and their 10 primary care physicians. Patients were asked about factors influencing their screening decisions.

There is a lot of interest in strategies to improve uptake of colorectal screening in the US, and this paper provides some interesting new insights – particularly around lack of trust in doctors and misunderstanding of the nature of screening (many believed, for example, that a lack of symptoms precluded the need for screening). The differing perceptions and conflicting interpretations of doctors and patients are also particularly interesting, and highlight new potential areas of research.

A few issues:

• there is virtually no evidence on screening presented from outwith the US. If the paper is intended for an international audience, European RCTs of screening (eg Hardcastle, Kronborg et al), and at least a small sample of international literature on screening uptake, much of which focuses on issues of ethnicity and social deprivation, should be included. This would help put the paper in context.

• it would help the reader to know how study participants might have become aware of colorectal screening, and what processes exist to recruit them. Again, many international readers will be accustomed to population-based screening with systematic recruitment; the more opportunistic, office-based recruitment process in the US needs to be described if non-US readers are to understand the dynamics of screening uptake described in this paper.

• was their any piloting of the interviews? The development of the interview pro-forma isn’t described, and ideally the pro-forma would be included as a table or appendix. The process by which the interviews drew on the extensive ethnographic screening literature (to which the authors refer) should be described.
• the authors could be a little more specific in their recommendations. They indicate that the identified barriers need to be addressed through the development of interventions, but what kind of interventions? based on advice from family doctors, using community groups? How about centrally-organised programme in which primary care isn’t burdened with recruitment at all?

Overall an interesting and topical paper. It mainly needs tightening of methods, some more international literature, and a little more detail on conclusions and recommendations. The colorectal screening landscape in the US needs to be better described.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

all dot points above

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)


What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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