Reviewer's report

Title: Stoical patients are more likely to have colorectal cancer

Version: 1 Date: 8 May 2012

Reviewer: Alice Simon

Reviewer's report:

This is an interesting and well-written article. However there are a few issues which need to be resolved.

Major compulsory revisions

1. The authors propose that they have identified a single item measure of ‘stoicism’. I am not convinced that this item measures ‘stoicism’. In the existing literature ‘stoicism’ appears to refer to a stable personality trait describing a disposition related to the control of emotions. The item used in this study may be associated with this trait, but not measuring the trait itself. The item seems to be measuring a tendency to appraise symptoms in a particular way, and not some form of emotional processing. Therefore, I don’t think that it is entirely appropriate that the paper be framed around the term ‘stoicism’ - and re-writing with a different narrative is required.

2. The questions have been asked in the context of having a colonoscopy. Were the people in this study referred for colonoscopy on the basis of their symptoms rather than through some kind of screening programme? If so, then the scenario is retrospective i.e. after help-seeking has taken place. One might think that response to the symptom appraisal item will be somewhat coloured by how long each person actually took to seek help for their bowel symptoms. Can the authors comment on this and what effect it might have?

3. The finding of an association between the symptom appraisal item and the presence of CRC is intriguing. However, there is a lack of clarity about what the underlying construct being measured is (see above) and also about what the underlying mechanism is for this association. The authors suggest that ‘stoics’ are simply more accurate. Might they also like to consider that stoics are ‘delayers’ ie. have taken a much longer time to seek help? Perhaps people who take symptoms more seriously seek help earlier and therefore do not ever get to the point of a CRC diagnosis e.g. maybe they have pre-cancerous polyps identified and removed? This is purely speculative, but it seems that consideration of time to help seeking could be important in the observed relationship. Could the authors consider this - and perhaps also suggest other specific factors that may be mediators in the ‘discussion’?

4. Overall this paper would be better if it was written in a more tentative manner with a view to encouraging some more detailed research – ie saying that this interesting relationship has been found, and encouraging future work that attempts to understand the underlying constructs and mechanisms. A short
report or ‘letter’ format may be more appropriate. BMC Gast. may not support this type of submission – in which case an alternative publisher might be better.

Minor essential revisions:
5. The abstract cites ‘3.3’ times – it would be more accurate to report the adjusted model here instead.

Discretionary revisions:
6. The authors might like to explore de Nooijer and van Osch’s work on paying attention to symptoms e.g de Nooijer et al 2003 Soc Sci Med, van Osch et al 2007 EJ Cancer Prev.

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests