Reviewer's report

Title: Adherence to Colorectal Cancer Screening Guidelines in Canada

Version: 1 Date: 25 June 2007

Reviewer: Grazia Grazzini

Reviewer's report:

General

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

The Authors should explain better the modalities of selecting population in the study design. They wrote that the CRC screening module was optional and administered to about 40,000 individuals living in different health regions, but it’s not clear whether in the study population there were also non-respondents. Given that subjects who completed questionnaires are usually more likely to attend screening procedures, it’s very important to understand if the sample study is really representative of whole population.

The Authors should therefore describe the features of population who filled the CRC questionnaire in comparison to the whole population. If an important difference would emerge from this comparison, the Authors should evaluate it in the discussion.

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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)

The study is interesting and I agree with the Authors about their conclusions, but it should be more emphasized the concept that only an organized screening program can reduce disparities in screening uptake.

Moreover, in this study adherence to FOBT screening guidelines was associated with male sex, like in other studies cited by the Authors. In fact, several studies (1, 2, 3) showed an opposite trend concerning gender differences in screening utilization. Women were more likely to receive faecal occult blood test screening and less likely to receive invasive tests for screening than men, as emerging also in a recent study (not cited by Authors) from Canada (4). The Authors should comment on this aspect in the discussion.

1. Wardle J et al Gender differences in utilization of colorectal cancer screening J
2. Persistent Demographic Differences in Colorectal Cancer Screening Utilization despite Medicare Reimbursement BMC Gastroenterology 2005, 5:10

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

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