Reviewer's report

Title: Explaining disparities in colorectal cancer screening among five Asian ethnic groups: A population-based study in California

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Reviewer: Susan Weller

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MAJOR COMPULSORY REVISIONS

Using a survey of Calif residents, the authors compare colorectal cancer (CRC) screening rates among five Asian ethnic groups and identify predictors of screening. The introduction needs a little more information on the context of the study and the limitation need to be more fully acknowledged.

1. Introduction: The introduction needs more information about the context of CRC in these populations. What is the overall CRC rate in the US? What is it for the major ethnic groups (White, Hispanic, and African-American), and then for these ethnic groups? What is the rate (prevalence and/or incidence) of CRC for these Asian ethnic groups? Are they at high risk for CRC? Are any of the groups at greater risk, so that screening is more important? Finally, what is the representation (%) of these groups in the US? This particular survey contained responses from several ethnic groups. What are the trends among the Whites, Hispanics, and African-Americans?

2. In the limitations section please acknowledge limitations of the assessment of screening and the variable for a screening recommendation. The difficulty in collecting self-reported screening information needs to be detailed in the limitations section. First of all, screening implies that patients have NO symptoms, otherwise the test is not done for screening, but for case-finding. Second, if a patient has had a Flexsig or Colonoscopy (and they may not be able to differentiate these two tests), it is clear that they have had such a test. In contrast, if a patient reports having had a FOBT, they may have had only a single FOBT and not a complete series of samples. In clinical settings (office), where a single smear may be taken, subjects may think they just had a screening test for occult blood, but a single sample is inadequate. So the quality of the reports are quite variable: there is 1 vs. 3 FOBT, and some patients are being referred for tests because they are symptomatic.

3. Another limitation is the meaning of self-reported “doctor’s recommendation.” The authors interpreted this literally. This may or may not be related to actually getting a recommendation from their doctor. Note that an alternative interpretation of this variable is that responses reflect the saliency of CRC screening and not the actual experience. If screening is perceived as important, subjects may be more likely to remember the recommendation and the group’s
reporting of having had a recommendation would be correlated with their overall screening rates. So if CRC screening is not perceived as important, subjects may simply not remember that it was recommended. What the results show is that the rates of having received a recommendation is correlated with the overall rate of screening: Japanese were more likely to report having a recommendation and being screening, and the Koreans were least likely to report getting a recommendation and being screened. The authors need to note that one cannot conclude that doctors have not made recommendations, only that patients’ reports vary. They may not have been asked or they may not remember that they were asked. It is also important to note that there have been studies that found that subjects don’t know what “screening” is, although they do understand having a test to see if cancer is or is not present. So, the final summary remarks probably need to be toned down.

MINOR REVISIONS

Top, p6: The authors state that using “ever” screening would make estimates “more reliable.” Actually it seems that these would simply be larger numbers that would be less accurate, and not more reliable.

Bottom, p6: STATA was used with sampling weights: I know STATA is smarter than some other programs, but could you please clarify that the weights were re-weighted properly for the small sub-sample that was used? I know that SAS/SUDAAN may not always weight properly for subsamples.

p8, top: What is “lowess”? p9, middle: “militated”?

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'