Reviewer's report

Title: Determinants of participation in colonoscopic screening by siblings of colorectal cancer patients in France

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Reviewer: Siobhan M O'Neill

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Determinants of participation in colonoscopic screening by siblings of colorectal cancer patients in France

This is a very useful piece of research outlining some of the factors influencing the uptake of colorectal cancer (CRC) screening in a high risk population; siblings of individuals who have had surgery for CRC. The results have relevance for a range of health care professionals, in particular counsellors, who are working in this area. The study is based on a number of robust theoretical frameworks and this is impressive. However, there are a number of points requiring clarification prior to the publication of this work.

Major compulsory revisions

Firstly this study was conducted in one region of France and, in order for an international audience to appreciate the significance of the findings it would be helpful to contextualise the study by providing details of the health care system in that region and the ways in which CRC screening is provided. For example, how many institutions provide screening services? Are siblings and other high risk relatives contacted routinely in any systematic way?

The context in relation to the provision of genetic tests is particularly important as the uptake of screening has been found to be dependent upon the individual’s perception of risk. Beliefs about the presence of a genetic mutation that predisposes the individual to CRC is central to that. It is important for the reader to know whether this population have access to genetic testing (and the structure of those services) and whether the participants’ beliefs regarding their genetic status were included in any of the attitudinal scales.

Information on the source of the questions on attitudes and beliefs surrounding genetic testing is inadequate. The authors refer to Champion’s scale, however the sources of the actual items in the scales assessing the attitudinal components of the TRA and HBM are not provided. These are central to the model and as such it is important that the reader has an understanding of how they were derived.

The details of how participants were recruited onto the study are sparse. The authors note that contact with the index patients was made by the patient’s surgeon. It is important to have information on how this happened; for example
did patients receive verbal and written information regarding the research? How was informed consent obtained from the index patient’s sibling? It is also important that information on the average time since surgery that the index patients were recruited. These details are vital in order to demonstrate that the study was conducted in an ethical manner.

There are a number of limitations to the study which need to be acknowledged in the discussion section. The questionnaires were sent by post to the participants. This method, whilst being practical and efficient is also open to criticism. The difficulties associated with this method should be discussed briefly. The response rates for the study (the proportion of index cases who provided siblings’ details and the proportion of siblings who responded following contact) should be made explicit in the results section. The percentage figures should be included in the study’s flow diagram (Figure 2).

Given the comparatively low response rate and the complexities of establishing the response rates in this type of study, the authors should indicate whether information is available on reasons for non-participation. Those who respond to this type of study may also be more likely to undertake screening and this may provide an explanation for the unexpectedly high uptake rates reported in this research.

Discretionary revisions
The discussion notes that the study’s findings have implications for tailored interventions. It would be useful to have examples, based on the specific findings from this research, to indicate how this might be achieved. The findings in relation to the importance of social support and the social network are not surprising and apply to a variety of health behaviours. However, the genetic basis of some CRCs means that support from the family may be a particularly strong influence. The discussion should therefore be expanded to include a consideration of the importance of family influence in this context. Furthermore I would recommend that the results and predictive utility of individual items referring to family influence and the genetic basis of CRC be explored. This article contributes to the literature on understanding why high risk individuals undertake CRC screening. However, with the inclusion of further detail on the perceptions of the family and genetic status the paper has the potential to make an even stronger contribution.

Minor essential revisions
The background section of the abstract contains the term ‘his’ in a number of places and this may be considered sexist language. This should therefore be changed to the plural ‘their’.

The term ‘club’ (as in ‘being a member of club’) needs to be clarified for an international audience.

**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.