Reviewer’s report

**Title:** Knowledge and attitudes of primary health care physicians and nurses with regard to population screening for colorectal cancer

**Version:** 1  **Date:** 23 December 2009

**Reviewer:** Paolo Giorgi Rossi

**Reviewer’s report:**

The topic is interesting, but much literature has been published on it. Some of the information needs to answer the research questions cannot be satisfied by the questionnaire items (at least the reported ones): the attitudes of health professionals can be described as a mix of knowledge, believes, and behaviours. The last field has not been explored by the survey.

- **Major Compulsory Revisions**

  1. The questionnaire (or this paper) does not include items on the actual practice of the PHC professionals: what they recommend and how much they prescribe colorectal screening tests to their target population. It would be interesting to compare the reported practice with the international guidelines recommendation.

  2. Some of the analyses include outcomes as covariates: I do not see the meaning of putting the variable “What do you think is your role…” as an independent variable when the outcome is “being reluctant to support…” Both the two variables are outcomes formulated in two different ways.

  3. The measurement of knowledge is weak. I suggest to build a score (validating it trough an internal validity test as the Cronbach’s alpha) or at least to use some “alarm answer” that can be interpreted as faulty knowledge profiles, i.e. the pro-technology those who believe in CT scan for lung cancer, the anti-screening those who do not believe in breast screening…

  4. The first two rows of the conclusions are not justified by the results; furthermore an absolute evaluation is not useful.

- **Minor Essential Revisions**

  1. Insert in the title the region or at least the country

  2. report the criteria for inclusion and exclusion of variables in backward model building procedure

  3. The sample is stratified but the analysis does not take into account the strata: what’s the reference universe? What’s the meaning of p in these analyses?

  4. The comment on knowledge is naïve (pag 5 last row): Rectal examination efficacy?

  5. Pag 6 row 2: the phases of the study have not been described before.

  6. Pag 7, row5: I think the sentence is not complete.
- Discretionary Revisions
1. In the abstract the acronym PHC is spelled twice.
2. The introduction may be shortened.
3. Beliefs about PSA efficacy should be discussed. For sure it is difficult to insert in a knowledge score: the evidence about efficacy in reducing mortality changed this spring, it remains a problem of balance between benefits in mortality and harms in over-diagnosis.
4. Pag 6 4th row: “had anticipated”? Does it mean “was expected”?
5. Pag 6 last row: “managerial tasks” I do not think these are managerial, probably administrative tasks

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

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

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