Author’s response to reviews

Title: A population-based cross-sectional study of colorectal cancer screening practices of first-degree relatives of colorectal cancer patients

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Version: 3 Date: 15 December 2012

Author’s response to reviews: see over
RE: “A population-based cross-sectional study of colorectal cancer screening practices of first-degree relatives of colorectal cancer patients ”
MS: 5507905717885372

15 December, 2012

Dear Dr. Hamashima,

Thank you for your correspondence relating to the above manuscript submitted to BMC Cancer. We welcome the opportunity to revise and further improve this manuscript and address points raised by reviewers. Below we have addressed the comments put forward by each reviewer.

Referee 1: Billie Bonevski

The reviewer commended the authors on a well written manuscript conducted within an Australian population based sample of first-degree relatives of colorectal cancer (CRC) patients. No changes or revisions were requested from this reviewer.

Referee 2: Hiroshi Saito

Minor essential comments

1. Table 1

Age recommendation is not included for high risk individuals. It seems that age is not included in the original recommendation for this group. For the readers to easily understand, reference to age is necessary.

Risk-appropriate CRC screening for first-degree relatives at “potentially high risk” is dependent on the familial CRC syndrome identified i.e. HNPCC, FAP etc. Such information was included in the introduction (pp. 4, Lines 15-18). It must be considered there are several recommendations for age of screening commencement across each familial cancer syndrome. To include such information would make this table quite wordy and lengthy. Alternatively, we have indicated in the text of the table that age of screening commencement is dependent on the familial CRC syndrome identified. In addition, we have also included a footnote to the table that guides the reader to the clinical practice guidelines if they wish to examine risk-appropriate screening recommendations for each familial cancer syndrome.
2.Methods & Results

Eligibility of screening with regard to the relation of the dates between screening and diagnosis of the index cases is not described in the method.

The authors have revised the manuscript to clarify the timeframe between screening and diagnosis of the index case (See pp. 6 Lines 9-13). This should assist the reader and also address concerns put forward by the reviewer below in relation to whether first-degree relatives would have had sufficient opportunity to be notified of their level of risk.

FDRs could not have chance of being recommended to have screening in accordance with the guidelines for at-high-risk subjects after index cases’ diagnosis.

Irrespective of level of risk, once an index case was diagnosed with CRC in the family, first-degree relatives would have had sufficient opportunity to be informed of their increased-risk of developing CRC and their level of risk. Index cases could have been diagnosed up to 9 months before being enrolled in this study, as indicated in the Method section - “Index cases (ICs) aged 18 years or older, within 9 months of CRC diagnosis, registered with the VCR and English-speaking were eligible to participate in this study”. The authors feel that there is a reasonable window for first-degree relatives to be advised of their level of risk during this lengthy period from index case diagnosis to enrolment in the study. In addition, the added information inserted in text (See pp. 6 Lines 9-13) will help to clarify this point for the reader.

It is not clear whether screening undertaken before the date of an index case’s diagnosis was excluded or included in the analysis.

The authors can clarify that this was included in the analysis and that the manuscript has been amended to highlight this fact (See pp. 9 Lines 27-28).

Considerable proportion of FDRs had screening not along with recommendation. Brief description of distribution of segments within those individuals might be of help to the readers. For example, prevalence of segments that had screening a few years outside the recommended age range.

The authors chose to focus only on risk-appropriate screening within the operationally defined period outlined for each level of risk in accordance with CRC screening guidelines. We have included in Figure 2 the proportions of individuals for each level of risk: screened in accordance with guidelines, not screened in accordance, and never screened. We specifically targeted first-degree relatives that were eligible for CRC screening as defined by CRC screening guidelines. Risk-appropriate screening was an essential component to this study and to include persons outside of selected age ranges would not be aligned with the study’s primary objective.
3. Discussion
Discussion should be shortened.

As requested by the reviewer the authors have shortened the discussion section of the manuscript.

Page 19, 1st para. Screening rate among FDRs in accordance with the guidelines in this study is indeed much higher than the reported figures (i.e. 47 or 49% vs. 6%&1%). The author’s explanation on lower rate in the former study, (i.e. “the former study did not differentiate between CRC screening undertaken in the absence or presence of screening”) appears to be incorrect. Including symptom-derived screening as well as real screening for asymptomatic individuals would lead to a higher rate than real screening rate. Should screening lead by symptoms be included in this study, the above figures would be further higher. In any case, there are large differences in screening rates between the two previous studies cited and the present study.

The authors have revised this section of the manuscript and agree with the reviewer’s observation. We have subsequently deleted the section related to differentiation between screening and symptomatic CRC testing.

The authors need to arrange the section (pages 19-20) to explicitly describe the findings from the present study in relation to the previous studies.

The authors as requested by the reviewer have modified this section of the manuscript.

It is hoped that the above response meets with the Editor’s satisfaction. If any further clarification is required please feel free to contact myself at any stage.

Kind regards,

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