Reviewer’s report

**Title:** Does access to a colorectal cancer screening website and/or a nurse-managed telephone help line provided to patients by their family physician increase fecal occult blood test uptake?: Results from a pragmatic cluster randomized controlled trial

**Version:** 2
**Date:** 23 December 2013

**Reviewer:** Paula McDonald

**Reviewer’s report:**

Comments to the author:

This paper appears to be the first output from the University of Manitoba group and CIHR/PCO-NET funded proposal published in 2012. As such it represents an important addition to the relatively small body of studies related to translation of scientific research into practicable, patient focused interventions to increase screening uptake.

The message conveyed by the paper is expressed in clear objective language. It sets out the primary endpoint, completion of FOBT within 4 months of issue and several important secondary outcomes, including use of the intervention tool, and the effects of Family Physician and patient level factors.

The methods appear well thought out and build on the experience of previous data analysis tools used to determine which factors improve uptake. It appears from the narrative that Ontario do not have a centralised electronic CRC screening database, compliance is self reported, is that correct? If so it might be beneficial to state this.

Discretionary Revisions

In the background section of the paper:

1. it would be helpful if the colonoscopy referral rate resulting from use of FOBT in this context were described alongside the potential reduction in mortality.

2. it would be helpful to the reader if the author introduces the time scale for health checks as annual rather than periodic at this point in the narrative. Is FOBT screening biennial?

3. can the author give the rationale for a 15% increase in completion of test kit?

In the methods section:

4. the author writes that ‘data were obtained from the In – Clinic Patient Survey, Post Study Patient Follow-Up telephone survey, and Family Physician Surveys’, are any of these surveys routinely undertaken or are they all part of the intervention? I ask as you comment later that they could have affected the compliance. Can the author detail which are routine and which are related to the study.
the primary dependant variable is completion of the FOBT within 4 months of
issue of the kit, is the participant no longer eligible to complete the kit or is it an
artificial end point for the study. Can the author add this detail?

In the results section:
6 the author notes the return time for FOBT. Is this both arms or the intervention
arm? Is there any data from normal screening participants? This one sentence
doesn’t seem quite completed.

In the discussion:
7 remove reference to annual visits.

The writing is clear and understandable; however it may be helpful for the reader
if the following changes in wording were considered:
8 Background – line 37; instead of repetition of ‘provided’ use ‘given’
9 Methods – line 6; instead of ‘and’ use ‘therefore, this’

The tables and figures are appropriate to the material presented.

The authors may not have seen previous work that details the patient factors that
influence uptake in other screening programmes. Here factors affecting uptake
have been investigated particularly continued compliance in those who
participate once in screening (1)(2) and increased uptake in women over men,
which increases with age (3). These may be helpful for the author.

This paper describes important findings relating to the current understanding of
the screening population and treats the interventions to increase uptake in a way
that mimics as far as possible real responses to screening. It is an important
finding that patients did not use the additional patient decision making tool and
that something else must have influenced their decision to take part and that was
most probably endorsement by the Family Practitioner. This paper has important
implications for screening service delivery within a primary care framework. I
recommend publication with some (9) discretionary revisions.

References
(1) Steele, RJC. et al. (2010). “Effect of repeated invitations on uptake of
colorectal cancer screening using faecal occult blood testing: analysis of
prevalence and incidence screening.” British Medical Journal. 341: c5531.
(2) Steele, RJC et al (2014) “Patterns of uptake in a biennial faecal occult blood
test screening programme for colorectal cancer” Colorectal Disease. 16(1): 28 -3
2.
(3) Steele, RJC. Kostouru, I. McClements, P. et al. (2010). “Effects of age,
gender and deprivation on key performance indicators in a FOBT based
colorectal cancer screening programme.” Journal of Medical Screening. 17: 68 -
74.

Level of interest:An article of outstanding merit and interest in its field
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'