Reviewer's report

Title: The structure and demographic correlates of cancer fear

Version: 3
Date: 2 July 2014

Reviewer: Nathan Consedine

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Wednesday, July 02, 2014

Cancer fear in older adults. Revised manuscript submitted to: BMC Cancer

The revised submission of the current manuscript shows improvement over the previous iteration. Given the comprehensiveness of the commentary, the authors have generally been responsive to the concerns evinced in the reviews. The cover letter detailing their response to the concerns evident in the previous round of reviews is fairly well-balanced and evidences careful attention on the part of the authors to the reviews. As such, my remaining comments are somewhat less pressing than in the original review. That said, attention to a few final issues would further improve the paper.

Major compulsory revisions:

1. First, I suspect that my prior commentary was less than optimally clear regarding the need to provide a rationale for the specific conduct of a UK based study. In responding to my concern regarding the need to highlight the specific contribution of this work “over and above” prior studies, the authors have made the distinction between data gathered in the context of studies investigating screening and the current, population- and descriptive-based report. This is a sensible strategy but does not directly deal with the “UK” aspect or contribution of the work. A few sentences about the need for UK-based data would help, perhaps highlighting different healthcare provision contexts, possible differences in the salience of cancer in the public consciousness and the like. A rationale underscoring the need for data drawn from the UK could also make use of the fact that the links between demographic-type confounds and fear reports might also be expected to vary across different contexts. Commentary of this kind would ensure that the data collection context was conceptually leveraged as part of the design.

Minor essential revisions

1. Although the authors have gone to some lengths to be cautious in their description of the fear domains, indicators or components, there is still some terminological confusion in the work – consistency and further caution is needed. First, I am not sure that characterizing “worry” as affective is appropriate as significant body of work (albeit more in psychology than in public health) tends to treat it as quite heavily cognitive. This consideration has me wondering whether it
is actually necessary to attempt to theoretically position the three items as indicators of specific aspects of fear rather than of different ones. More broadly (and given there is only a single item for each component), I would suggest that the terms as operationalized (i.e., the labels indicated on p. 6 of the revision) be used throughout (i.e., cancer as greatest health fear, cancer discomfort, and cancer worry). This would make the manuscript more transparent and less contentious than an approach in which single items are posited as operationalizing distinct (underlying) constructs and help deal with some of the face validity concerns that have been raised.

Discretionary revisions

1. It would be useful to put the N for the non-White portion of the same in the description of the sample on p. 7 and in the Abstract
2. A term other than “not married” might be better as this grouping encompasses a rather heterogenous group and, technically, “separated” persons are still married. Perhaps “married or cohabiting” versus “not married or cohabiting” would be better.

In sum, the manuscript is much improved since the initial submission. Attention to these remaining issues will strengthen the work and reinforce its contribution to public health research documenting the prevalence and predictors of cancer worry.

Level of interest: An article of importance 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.