Reviewer's report

Title: A Retrospective Study on the Use of Post-Operative Colonoscopy Following Potentially Curative Surgery for Colorectal Cancer in a Canadian Province

Version: 1 Date: 3 March 2004

Reviewer: Gregory Cooper

Reviewer's report:

General

A population-based analysis of the use of follow up colonoscopy after colorectal cancer resection. The main finding is the increased use of apparently routine colonoscopy over time.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Background: Is excessively long. Much of the material, especially the first three paragraphs on page 5, could be moved to the Discussion.
2. Background: Surveillance guidelines all differentiate whether the patient had a complete colonoscopy prior to resection. Patients without preoperative colonoscopy should undergo a postoperative colonoscopy relatively soon after surgery. Guidelines differ on the timing of follow up colonoscopy in patients who had a preoperative examination.
3. Methods: Page 7, last paragraph. The rationale for the sampling strategy is presented. However, to ensure that the patients diagnosed before 1988 and were included were comparable to those excluded, demographic and tumor related variables should be compared.
4. Methods, Data Sources: How was whether an individual surgeon performed colonoscopy determined? The analysis assumes that colonoscopy within 12 months was performed for routine postoperative surveillance. Isn't the indication discernable through review of clinic charts?
5. Methods: Would attempt to look at the yield of colonoscopy in terms of polyp detection. Does the increased use of routine colonoscopy result in more polyps removed?
6. Discussion: What was the availability of colonoscopy in various regions of Alberta? Did patients have to travel to a large center to have the procedure or could it be performed locally?
7. Discussion: The opening paragraph describes “marked changes” in colonoscopy use over time. An increase from 55% to 65% while significant, is probably not marked.
8. References: Several other recent studies are not cited and should be included. These include papers by J. Elston Lafata (Medical Care 2001), K. Knopf (Gastrointest Endosc 2001) and S. Rulyak (Gastrointest Endosc 2004).
9. Figure 2: The figure as presented only appears to have one curve and thus the comparison denoted by the p value is not clear.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Abstract should indicate that these patients all had local or regional stage cancer and underwent potentially curative resection.
2. Results, last paragraph: Methodology in terms of billing codes for endoscopy via a stoma should be moved to Methods section.
3. Table 1: Type of adjuvant therapy (chemotherapy, radiation or both) should be specified.
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

None