Author's response to reviews

Title: Self-testing for cancer: a community survey

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Version: 3 Date: 17 March 2008

Author's response to reviews: see over
Dear Mr Cassady-Cain

MS: 1191257595167345 - Self-testing for cancer: a community survey

Thank you for your email of 31 January with links to the re-review comments. It is encouraging that our resubmission has fully addressed the issues raised by Reviewer 1.

Self-testing is an issue that is currently receiving considerable interest (http://news.bbc.co.uk/1/hi/health/7288150.stm) and we are very anxious that the results of this study are placed in the public domain. We have, therefore, attempted to re-write this manuscript in a manner that we hope will satisfy Reviewer 2. We have addressed each of the points raised in order:

**Reviewer 2: Martin C Mahoney**

**Point 1:** Presenting the cancer self tests in the context of the broader scope of self testing for other conditions seem most appropriate

We have added further information concerning the prevalence of self-testing for conditions other than cancer to the results section.

**Point 2:** it remains my opinion that some further discussion of "self-testing" is indicated.

We have substantially added to the Introduction to provide more information about self-testing, the reasons why people might self-test and to identify the range of cancer-related self-tests that may soon be coming onto the market.

**Point 3:** it is relevant for readers to know that neither PSA testing nor testing for hematuria is recommended in the UK.

We have added a sentence to the Discussion stating this.

**Point 4:** table 3 adds little information……. Table can be deleted and information covered in text

We have struggled to find a way to provide all the information that is available in Table 3 in the text. Crude, or standardized rates, by gender, could be included. However, the addition of data by deprivation category and age group would require a considerable amount of additional text. We believe that the Table provides the most efficient way of summarizing the results. Nevertheless, should the Editor’s decision be that it is preferable to replace this with additional paragraphs of text, we would agree to do this.

**Point 5:** I disagree that 1 in 100 represents a high level of use. In the US, ~70 women out of 100 completed annual mammograms and we call that reasonably good adherence. How can 1/100 be considered "high use"? what are they comparing this value to?.

The comparison of self-testing with the uptake of population based screening programmes such as mammography appears incongruous. The use of cancer self-tests are higher than that of some other self-tests such as for Chlamydia, HIV etc. Nevertheless, we have removed the reference to “relatively high levels of use”.
Point 6: comparison in table 1 appears to be confusing. The most direct comparison would compare 1) cancer self-testers with 2) non-cancer self-tests and 3) non self-testers. This analysis might help under some important differences between the groups.

In his previous review, this reviewer requested:

Table 1 – the authors are encouraged to add an additional column showing the P value for the comparisons between the entire sample and those who report self-testing.

We were happy to agree to this suggestion and added an additional column showing test statistics and p values to Table 1. The comparisons reported are between cancer self-testers and non-cancer self-testers.

We trust that we have addressed the reviewers’ comments in a satisfactory manner and look forward to hearing the outcome of our resubmission.

Yours sincerely

Sue Wilson (on behalf of the authors)
Professor of Clinical Epidemiology