Reviewer's report

Title: Self-testing for cancer: a community survey

Version: 1 Date: 21 November 2007

Reviewer: Martin C Mahoney

Reviewer's report:

General

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

1. Preventive care involves a comprehensive approach to testing/self-testing, and focusing only on cancer seems overly restrictive. Accordingly, the context of this paper would be much more relevant if it were broadened to include the topic of self-testing across the spectrum of preventive health care.

As an alternative approach to information in this manuscript, the authors are strongly encouraged to consider the observation that aside from diabetes, hypertension, and pregnancy testing, self-testing really appears to be rather limited in its use among the population surveyed. It would seem more appropriate to present a broader context of self-testing in this population with a more integrated discussion of self-testing for a variety of medical conditions of which cancer could be a smaller component.

2. A more interesting presentation would have been to lump the cancer related self-testing among all other forms of self-testing. A strong rationale for such an approach would be the small proportion of individuals 35 out of 29/25 responders who reported ever having used a cancer related self-test. In addition, cancer related self-tests were used by just 35 of 969 individuals who reported using any self-test for a health related condition.

3. In the introduction, paragraph 2, the authors allude to PSA testing in “young men.” There is no evidence base to recommend PSA testing among average risk males less than 50.

4. At the end of the third paragraph of the introduction, the authors make a statement linking self-testing as an important part of self care. This reviewer disagrees that the concept of self care equates to self testing. Rather, self care involves active discussion and decision making with the clinical care providers. This raises issues about the basis for the manuscript.

5. 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. In addition, they need to subtract out those who report self-testing
from the total sample.

6. Regarding table 2, the age grouping cross ages at which evidence-based screening recommendations begin. This is particularly problematic as it is not possible to know whether “appropriate” or “inappropriate” testing is occurring, although rates are quite low. It is not clear what this table is attempting to demonstrate. The variance estimates for these indicated rates would likely overlap making the data presented essentially meaningless.

7. Comments regarding table 3 – there are tremendous differences in the proportion of respondents who reported ever using versus considering use. This suggests a considerable gap between intention to take an action and actually taking that action. The authors are encouraged to discuss this observation.

8. Paragraph 5 under the results section notes a relationship between PSA self testing and higher levels of self-reported health status. This is incorrect. P value is non-significant.

9. Prevalence/utilization figures are inferred from a very limited number of positive responses (n=8 for FOBT testing, 13 for hematuria testing, and 16 for PSA testing). It would seem that such limited numbers of positive responses would lead to unstable estimates.

10. In the discussion, paragraph 1, second to last sentence, the authors note that the survey found a relatively high level of use of and interest in cancer self-tests. This reviewer disagrees with this statement since the overall rate of utilization is about 1 in 100.

11. The authors are encouraged to consider the significance of their findings in the context of public health and preventive health care.

12. The issue about generalizability since this study is based on four general practices in a large UK city, is not discussed. There is a comparison of the study respondents with the population in these four areas, but no large comparison to the UK population.

13. The issue of self-testing raises several issues including perceived risk versus actual risk, appropriate versus inappropriate use of the test, correct test procedures (incorrect procedures could result in a false negative test), as well as the issue of appropriate follow-up for positive/abnormal tests. Do the authors have any data to examine these related issues.

14. This study was done in the UK, is hematuria testing recommended? In the United States, there is no evidence base to recommend testing for hematuria. May require some explanation.

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. There are several typographical errors throughout the text that can be addressed through careful editing.

2. Please clarify what the “index of multiple deprivation” refers to. Is this a measure of socioeconomic status? This might be clarified for readers from outside of the UK.

Discretionary Revisions (which the author can choose to ignore)

None.

**What next?:** Reject because too small an advance to publish

**Level of interest:** An article of limited interest

**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.