Reviewer’s report

Title: Self-testing for cancer: a community survey

Version: 2 Date: 21 January 2008

Reviewer: Martin C Mahoney

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1. It appears that the authors are unnecessarily subcategorizing overall study results by focusing on "cancer" self testing, rather than simply reporting on all of their findings. In fact, all of their conclusions in this paper are based upon data from just 35 respondents, out of 2925 respondents, who reported cancer self testing. Presenting the cancer self tests in the context of the broader scope of self testing for other conditions seems most appropriate.

2. It remains my opinion that some further discussion of "self-testing" is indicated (point #4). The authors provide a response on this topic, but I do not see that the text has been altered to reflect that.

3. Point 6 - It is relevant for readers to know that neither PSA testing nor testing for hematuria is recommended in the UK.

4. Table 3 adds little information. The text already notes that <1 in 100 completed self-testing for cancer. Due to the small # of respondents in each subcategory, the confidence interval are overlapping indicating no differences by gender or by age group or by economic status. Table can be deleted and information covered in text.

5. Point #10 - 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?

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.