Author's response to reviews

Title: Increasing uptake of colorectal cancer screening in Korea: a population-based study

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Version: 2 Date: 26 April 2010

Author's response to reviews: see over
We thank all the reviewers for their comments. We have revised the paper to address all of the issues they noted, and hope they will find our changes to be appropriate and relevant.

Reviewer(s)' Comments to Author:

**Reviewer 1:**

**Major compulsory revisions**

1. Authors concluded that "CRC screening increased after the introduction of the NCSP". Introduction of NCSP was at 2004, however, periods of analyzed data ranged from 2005 to 2008. There is no baseline information about CRC screening rates to compare before the NCSP with after the NCSP. Screening rates were certainly increased in this study, but it is not certain that these increases were due to "introduction" of NCSP. Above conclusion seems to be corrected or to be discussed more.

   We agree with the reviewer’s comments. We corrected conclusion in the abstract section (page 2 line 22), and added a more explanation (e.g., public awareness, mass-media campaigns) about increases in CRC screening rates (page 13 line 3, page 13 line 13 – page 13 line 14)

**Minor essential revisions**

1. **Spelling mistakes in p5, 13: NSCP → NCSP**

   We corrected it in the revised manuscript (page 5 line 6).
Reviewer 2:

Minor essential revisions

1. There is one big disadvantage that the response rate in figure 1 is too low (44.3%), which will lead to a big bias when the results are applied to the whole population. This disadvantage should be indicated in the discussion part if no more action can be done. This is the Minor Essential Revision.

In general, response rates may differ in terms of the sampling methods, types of persons selected for the interview, length of interview, and other factors. The KNCSS was conducted by face-to-face interviews. The KNCSS response rate (44.3%) seems lower than other interview surveys. The KNCSS enrolled subjects aged ≥ 30 years for women and ≥ 40 years for men. Generally, the response rates are slightly lower in older age group (usually 65 years and over) than other age group. Surveys in Korea are in general confronted with lower response rates than health surveys elsewhere in Europe and the U.S. The KNCSS response rate is comparable to response rates (38.0% - 49.8) of other interview surveys\(^1\),\(^2\) in Korea. Further, the KNCSS respondents had health characteristics and behaviors that were very similar to those found in other extensively used surveys, such as the Korea National Health and Nutrition Survey. Therefore, the low response rates of KNCSS might not largely affect study results. However, we have mentioned this limitation in the “DISCUSSION” section (page 14 line 9 – page 14 line 13).


Associate Editor’s comments:

1. Methods (page 7): The authors state that “respondents who had undergone CRC screening because of a health problem or as a follow-up to a previously identified colorectal problem were categorized into the non-screening group.” To me, it would make more sense to exclude these respondents from the analysis since the focus of the study is on routine screening. I think that most other studies that can distinguish between routine and diagnostic screening exclude individuals who had diagnostic screening tests.

As suggested by the reviewer, we excluded these respondents (n=42) in the analysis (page 6 line 17 – page 6 line 20). We changed all the data in the tables to reflect new analysis excluding respondents with a health problem or as a follow-up to a previously identified colorectal problem.

2. Results (page 11, last sentence): Overall, individuals aged 60-69? were more likely to have undergone up-to-date CRC screening, not those aged 50-59 years as stated in the manuscript. This has to be corrected in the abstract also.

We corrected it in the revised manuscript (page 2 line 19, page 10 line 21)

3. Discussion (page 13): The argument that the small increases in endoscopy may be due to the fact that individuals who had recently received an endoscopy would not be due for a repeat screening during the study period does not make sense. The study is not based on longitudinal data. Different samples were interviewed each year and endoscopy within the past 10 years was assessed. More likely, the reason for the small increase in endoscopy screening is that the NHI only reimburses the procedure for diagnostic testing. This section should be revised.

As suggested by the reviewer, small increase in endoscopy screening may be related with the NHI reimburses system. We have revised this section (page 13 line 11 – page 13 line 13)

4. Please also do the following: Include context information within the background section of your abstract, in addition to the aims of your study.

We have added context information within the background section in the revised abstract (page 2 line 2 – page 2 line 4).