Reviewer's report

Title: Australia’s National Bowel Cancer Screening Program: does it work for Aboriginal Australians?

Version: 1 Date: 14 April 2010

Reviewer: Stephen Cole

Reviewer's report:

This is a comprehensive and well written review of the relevance, uptake and outcomes for Indigenous Australians of Australia’s National Bowel Cancer Screening Program (NBCSP). Because of very limited published information directly relating to bowel cancer screening in Indigenous Australians, the authors also review cancer prevention strategies in other minority groups worldwide to obtain insights into cancer screening prevention strategies that may inform and overcome deficits in the NBCSP.

A major difficulty with any study investigating health outcomes in the Indigenous population is ascertainment of Indigenous status, for NBCSP participants, in cancer registry records, hospital records and histopathology reports and on death certificates. The diversity of the Indigenous population, with populations in urban, regional and remote areas also creates a difficulty in identifying the contributions of access to health services and socioeconomic factors when interpreting health outcomes for the Indigenous population. Together these difficulties make a review of this kind very challenging.

Public health screening programs will always attract criticism, especially when they are underfunded. The authors have concluded their review with a number of recommendations which are not unreasonable, but would require considerable increase in funding and a shift away from the relative simplicity of a centrally organised inflexible program to a screening program tailored more to the needs of specific sub-groups. Of course there would be some difficulty in implementing the detail of their recommendations.

Major Compulsory Revisions
None

Minor Essential Revisions
1. The authors should provide a definition of Indigenous Australians, and how this influences ascertainment of Indigenous status.
2. Page 7, Paragraph 1: Insert a reference for the statement ‘This has also been shown to be true…..’
3. Page 8, para 1: change to ‘the trials used a guaiac FOBT (gFOBT)…..’
4. Page 10, Para 1: The first statement requires some further explanation. The authors should define what they mean by ‘success’. The second sentence is not
supported by the reference given. In fact the source reference states that lower uptake generally means lower costs, thus a low participation program has similar cost-effectiveness to a program with high levels of participation.

5. Page 11 Para 1: The authors report that a study showed that 40% of cancers identified through the NBCSP were at Stage 1. In fact they should qualify that statement in terms of the population studied and how the data was gathered.

6. Pg 17 Last sentence: The statement ‘…before the targeted screening age…’ is not supported by the preceding reference. Please provide a reference.

7. Pg 20 Para 4: Suggest delete last sentence. Faecal immunochemical tests (FIT) are an alternative term for iFOBT used in the NBCSP. Virtual colonoscopy is unlikely to improve low participation in regional and remote Indigenous populations, as it is high tech, only available in large hospitals, and requires full bowel prep.

8. Table 2 Column screening recommendations dot point 5: Omit/reword as immunochemical FOBTs are available in Australia from chemists, doctors’ surgeries and via the internet although the particular brand used in the NBCSP is not available.

9. Table 6: Recommendation 3. Not discussed by the authors, but not all GPs support the NBCSP, and not all understand screening. There is evidence that in urban populations people will participate more if screening is endorsed by their GP or practice. However the authors provide no evidence that shifting ‘the central role of the GP’ will enable Indigenous people to have greater access to screening, especially with their incomplete support and lack of time and resources. Can the authors provide more evidence to support their recommendation.

10. Table 6: Not recommended by the authors, but if organised screening offers were annual or biennial, then there would be more opportunities to receive a kit, whatever the circumstances, which is likely to lead to an improvement in participation in at least once-off screening.

Discretionary Revisions

1. Page 6: Insert the word risk so that the phrase reads ‘as cancer risk increases…

2. Page 7, Paragraph 3, Suggest insert the word ‘partly’ so that the statement reads National cancer screening programs can partly address the survival…..

3. Page 8, Para 2: Suggest remove the word ‘Qld’ as this gives the impression that the program was somehow different in other states, in fact all states rolled out the Pilot within a couple of months.

4. Reference 52 is not a peer reviewed publication, suggest that this is indicated in the full citation.

5. Page 15, Para 3. This paragraph does not relate to the Pilot Program as suggested by the paragraph heading. Suggest changing the heading or adding another section, and then review relevant information available from the NBCS Monitoring Reports 2008 and 2009.
6. Page 21, para 2, 3. The approaches mentioned are from trials in the US and the UK.

7. The relevance of Ref 103 is questionable as the study relates single step CRC screening by colonoscopy.

8. Table 4 Title: Suggest rewording, these characteristics are barriers but do not exclude all from participation.

9. Table 5. Suggest additional column to indicate type of screening ie iFOBT/FIT, gFOBT, colonoscopy, flexible sigmoidoscopy etc.

10. References: While only a fraction of the cited references were checked, quiet a few had minor mistakes and omissions eg Ref 18, not the page number cited, Ref 20, not the full title, Ref 103, not the full author list. Please ensure that the citations are correct.

**Level of interest:** An article of importance in its field

**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