Author's response to reviews

Title: Sociodemographic and health-related predictors of self-reported mammogram, faecal occult blood test and prostate specific antigen test use in a large Australian cohort study

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Author's response to reviews: see over
Dr Xianglin Du  
Associate Editor,  
BMC Public Health  

17 April 2013

Dear Dr Xianglin Du,

Thank you for sending us the reviews for our paper entitled “Sociodemographic and health-related predictors of self-reported mammogram, faecal occult blood test and prostate specific antigen test use in a large Australian cohort study”.

We appreciate the time and thought put into our paper by the reviewers and have attempted to address their concerns, as outlined below.

Reviewer 1:  
Wee LE Liang

Discretionary revisions  
In the first paragraph of the Discussion, where the authors discuss the factors associated with FOBT/mammogram/PSA-test, it would be good to compare their findings against the existing literature to state if their findings are similar, or different, to previous findings.

We added the following to the Discussion, Pg 10 Para 1:  
"The factors included in our analysis were factors that have been found to be associated with cancer screening in the past, [11, 14-19] and indeed, all these factors were significantly related to cancer screening in our study. Only one other study has directly compared cancer screening modalities in Australia and that study, restricted to men, also found that PSA testing was more common than bowel screening and that having private health insurance, living with a partner and being white and older were associated with any screening.[26]"

In the third paragraph where the authors propose that screening for 1 cancer is a potential “teaching moment”, it would be good to mention whether in the Australian context this is currently done, i.e for example, are there integrated screening programs for cancer in which, for instance, reminder letters are sent out to patients for both breast and bowel cancer screening? Have there been any attempts to try this out? As the authors also mention this in their conclusion, "Strategies aimed at using one test as a ‘teachable moment’ for promoting another test may help close the gap in socio-demographic discrepancies in cancer screening to a certain extent….." I think it would be helpful if the authors mentioned whether this is already being done, and if so, what were the problems/drawbacks encountered.

We added the following to the Discussion, Pg 11, Para 1:  
"Currently, the cancer screening programs in Australia are not integrated,'

Minor Essential Revisions  
Abstract:  
Results, last line: standardise, using either “fully-retired” or “fully retired”.  
Standardised to “fully-retired”.

Introduction  
Para 2: “In the bowel cancer screening program the participation rate among those invited is around...” Is there any reason why invited is italicised?  
Italics removed.

Page 4, para 1:  
“and PSA tests are a blood test ordered by a general practitioner)”  
Suggest changing to, “and PSA tests are blood tests ordered by a general practitioner)”  
Made the change.
Methods
Page 6, para 1
“no concession card or health Insurance. It should be noted, however, that all
Australian’s have free universal…..” Suggest changing to, “no concession card or health
insurance. It should be noted, however, that all Australians have free universal…..”
Made the change.

Discussion
Page 10, para 2
“Prior to 2006, FOBTs were available from 1982 via the rotary program “Bowelscan” which is
run” Think that “rotary” should be capitalised.
Rotary is now capitalised

Reviewer 2:
Tomi Akinyemiju
NIL

Reviewer 3
Ben Hudson
NIL

Reviewer 4
Traci LeMasters
NIL

Please do not hesitate to contact me at mariannew@nswcc.org.au or +61 2 93341415 if you
require anything further.

With best wishes,

Yours sincerely,

Marianne Weber
On behalf of the authors: Michelle Cunich, David Smith, Freddy Sitas, Glenn Salkeld and
Dianne O’Connell.