Reviewer’s report

Title: Development of a comprehensive list of criteria for evaluating consumer education materials on colorectal cancer screening

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Reviewer: Paolo Giorgi Rossi

Reviewer’s report:

Generally speaking, the authors decided not to change their paper according to the reviewers’ suggestions.

I think the paper has still several points that are intrinsically confusing:

1) the problem of what is correct. It is very difficult to produce EBHI based on guidelines that are not evidence based (recommending colonoscopy and not flexosygmoidoscopy).

2) the concept of neutrality: participation is always a possible choice, of course, but it is not a recommended option. For example not undergoing conisation if you have a cervical intraepithelial neoplasia grade 3 it is obviously a choice for the women, but I cannot be neutral when I present the informed consent for the conisation, because conisation is recommended, surveillance not. In all the EU guidelines the concept of neutrality is not mentioned at all. The rationale for the recommendation to put information not in the letter proposing the appointment was to avoid information overload and maintain the letter easy to read and understand even to low educational level people, to favour neutrality of information and enthusiasm in the invitation.

3) do the authors have any suggestion to put in a plain language the level of evidence? In the example 3 “According to experts, more than three-quarters of CRC patients could be saved by early screening colonoscopy.” Why do they say that there is no mention of the level of evidence? According to experts could be the plain language for low level… May be it is wrong when there are also case control studies… This is just to say that interpretation of what is correctly translated to plain language is not easy.

4) the long paragraph on overdiagnosis reports a reference to the EU Guidelines, where it is mentioned only as matter of research for pathology, not as matter of public health. In fact since we cannot distinguish overdiagnosed cancer, over-diagnosis can only be defined epidemiologically at a population level. If a screening produces a reduction of incidence (surely sygmodoscopy evidence level A, but also FOBT with some observational studies) overdiagnosis not only cannot be distinguished, but if we measure it, it will be negative (less than zero). I really cannot understand why information material about colorectal cancer should mention over-diagnosis.
Minor points
The sentence at the beginning of the introduction is still vague and not correct for colorectal cancer, particularly for FOBT and flexosygmoidoscopy.

**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’