Reviewer’s report

Title: Colon Cancer Screening Among African American Church Members: A Qualitative and Quantitative Study Of Patient-Provider Communication

Version: 1 Date: 3 February 2004

Reviewer: James J Dignam

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) For Table 4, it is unclear how analysis of variance was used to evaluate the association between communication rating and various covariates, as the anova test compares means of continuous distributions. Were the categories scored with sequential numeric values? An appropriate test for cross-classified frequencies would be a chi-squared or Fisher’s exact test. In this case, the results happen to be quite similar, but nonetheless one of these latter tests should be used, or at a minimum, the test performed here must be explained in more detail.

2. The presentation of Table 5 needs to be expanded somewhat for the purposes of clarity. For example, what is the baseline category to which the patient-provider communication odds ratio refers (is it ‘good’ vs ‘poor’, or are the three categories scored ordinally (1,2,3) and thus this is the risk increase per category)? Similarly for the other predictors, the baseline category and other details regarding how these were represented in the model is needed in the table.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) The title refers to ‘colon cancer’ screening, while the abbreviation ‘CRC’ refers to colorectal cancer screening, as does the text in many places. Presumably, screening is usually for both sites, so perhaps the title should be changed for consistency.

2. p-values one page 8, 1st paragraph should be given either as exact values or as ‘p < .0005’ or some value greater than zero that bounds the probability from above. The probabilities are not actually equal to zero, as indicated.

3. The paragraph that refers to interactions is somewhat confusing. Were formal interaction tests done? The paragraph and Table 6, which shows a consistent effect of knowledge within categories of communication level, seems to suggest no interaction between these factors, although for the middle communication category, the frequencies are reversed (albeit nonsignificantly different from each other). What is the conclusion regarding the ability of communication level to modify the effect of knowledge?

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Discretionary Revisions (which the author can choose to ignore)
1. The first sentence in the last paragraph, which seems to place the onus on the patient regarding CRC screening, seems perhaps out of place, particularly in light of the fact that even among those who obtained screening, only 65% did so at the recommendation of their provider. It seems that the breakdown in screening use can at least equally be attributed to the physicians, and possibly moreso.

2. Related to the above point, it would be of interest to know the refusal rate among those who were recommended for screening. The number receiving recommendation overall and the proportion of those screened who received recommendation were given, but the 'uptake' of recommended screening is not provided.

3. How does this recommendation rate compare to that seen elsewhere? The problem of under-utilization of screening by physicians is a persistent problem and a bit more discussion of it would enhance the findings.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None