Reviewer's report

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

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Reviewer: Carrie N Klabunde

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This paper addresses an intriguing question: what is the relationship between the quality of patient-provider communication and receipt of colon cancer screening? The study was conducted within participating sites of the WATCH project. Data were collected from focus groups and a telephone survey with 397 respondents. The main strength of the paper is the novelty of the topic. There are a number of limitations, however, particularly in the Methods and Results sections. The authors need to re-work these sections in order for this paper to be of publication quality. I consider the comments below to be major compulsory revisions.

1. In the Methods section, the authors should provide citations or a Web address for the WATCH project, so that interested readers can obtain more information about it.
2. Methods section, page 4, focus groups:
   a. There should be a statement describing when the focus groups were conducted.
   b. Also, a statement about the main topics or themes covered in the focus groups is needed.
   c. The description of the analysis of the focus group data is confusing and lacks detail. How were the data analyzed, and who analyzed them? What was the basis for the very limited listing of "selected comments" that are presented in Table 1? Apparently, factor analysis was used to analyze the focus group data, but there is no explanation of how this was carried out, including selection/inclusion of items. Were there issues of small sample size since there were only 34 focus group participants, and how were these dealt with?
3. Methods section, page 5, baseline survey:
   a. Important detail about the survey content is missing. How were and which colorectal cancer screening procedures were described in the interview? Who conducted the interviews? Over what time period? Is the survey instrument available on a Web site that interested readers can access.
   b. Important detail about survey methods also is missing. How many people were eligible to participate in this survey? How were they recruited? What was the response rate? Also in this section, reference is made to "the intervention" but there is no explanation in the paper as to what the intervention consisted of.
4. Results section, page 6:
   a. The first 2 paragraphs of the Results section describe methods and not results. They should be moved to the Methods section.
   b. The organization of this section is confusing. It would be best to provide 2 separate subsections: one describing the focus group results, the other describing the survey results.
   c. The last sentence on page 6 implies that survey respondents were only asked about FOBT and sigmoidoscopy. This highlights the need for more information in the Methods section about the specific content of the survey, including which colorectal cancer screening modalities were included and how they were described to respondents. If only FOBT and sigmoidoscopy were asked about in the survey, the authors need to acknowledge this as a limitation of their study.
   d. Table 2 is not clearly labeled. An explanation is needed that these items were developed for survey administration on the basis of focus group results involving 34 African American participants.
   e. Similarly, Table 3 could benefit from a more descriptive title, something along the lines of "Knowledge of colorectal cancer risk factors among 397 African American participants in the
WATCH project.

f. It is very odd that Table 3 precedes Table 4 in the data presentation. It would make more sense to
give the characteristics of the survey participants first, followed by their survey responses.
g. In Table 4, it is not correct to refer to the “characteristics of the population” because the data do
not reflect a representative sample of a population. It would be better to label these data as
“characteristics of the study cohort”.
h. From Table 4, it is unclear what percentage of participants had no health care provider. There is
no explanation of what is in the “other” category for the health care facility measure.
i. Also from Table 4, what was the basis for selection of the three insurance categories? Why are
Medicare and Medicaid combined into a single category? Was any information collected on whether
Medicare beneficiaries also had supplemental health insurance (i.e., Medigap)? If yes, it may make
more sense to combine these respondents with the employer/self pay insurance group.
5. Discussion section: two important points are missing from this section—
a. The authors emphasize the apparent finding that “CRC knowledge contributes to improving CRC
screening rates”. However, they do not acknowledge that the association may have a different
direction—in other words, that people who have been screened have better knowledge of colorectal
cancer risk factors BECAUSE they were screened—ie, through the screening process, one learns
about colorectal cancer, who is at risk for it and why. The direction of the risk factor
knowledge/screening receipt relationship isn’t clear and this should be commented on here.
b. The discussion of study limitations needs to emphasize the non-representative nature of the study
cohort. It was small, and not a random sample, and it is unclear whether these results generalize
outside of the selected cohort that participated in the study.