Reviewer’s report

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

Version: 2 Date: 15 April 2004

Reviewer: Carrie N Klabunde

Reviewer’s report:

I have reviewed the revised version of this paper, and was disappointed that the authors did not do more to improve the manuscript and address my comments in their revision. My main criticism of the paper remains the poor organization of the Methods and Results sections, which detract from its readability and comprehension. I had offered some specific suggestions for reorganizing both sections in my initial review of the paper, but the revised manuscript does not adequately reflect these suggestions. In addition, there were at least 3 comments that I had made in my first review that the authors did not address. Finally, there are a couple of statements in the Discussion section that I do not believe are supportable and should be revised or deleted. My additional, specific comments are as follows:

1) Abstract, Results section: no results from the focus group study are presented in the Abstract.
2) Methods section, pages 4 and 5: the entire second paragraph of the subsection on Focus Groups describes results and not methodology. This paragraph should be moved to the Results section.
3) Methods section, page 5, subsection labeled “main study”: it will be less confusing for readers if the authors labeled the 2 main components of this study as “focus groups” and “survey”, instead of “focus groups” and “main study”. I suggested this in my first review but the authors did not explain why they chose the phrase “main study” instead,
4) Methods section, page 6, first full paragraph: description of response rates is a result and not a method. This sentence should be moved to the Results section.
5) Methods section, page 6, sentence that reads “knowledge of CRC was assessed using seven items with a mean correct response of 3.8”. Again, this is a result and not a method.
6) Methods section, page 6, third full paragraph: how were colorectal cancer screening procedures described to survey participants? I commented on this in the first review and it has not been addressed.
7) Two additional comments from the first review also have not been addressed, and both are important—
   a. From Table 3, 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.
   b. Also from Table 3, 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.
8) In Table 3, the responses to the insurance categories sum to 416, and not the sample size of 397. The categories should be mutually exclusive, and approximate the sample size.
9) Table 5 requires a title that more clearly describes the data that are presented—“Factors associated with receiving CRC screening among 397 African American participants in the WATCH project”.
10) Discussion, page 10: the authors state that “it is less likely that CRC screening itself would affect participants’ ratings of communication quality”. What is the basis for this statement? In fact, it may be that recent contact with the health care provider is positively associated with higher ratings of communication quality, but this was not controlled for in the analysis.
11) Discussion, page 10: “The association between the lack of physician recommendations for cancer screening tests and low patient utilization of those tests seen in this study is consistent with other published studies”. I do not see any data presented from this study to indicate that the authors measured the association between physician recommendation and CRC screening utilization.

12) Discussion, page 12: “we did not have information regarding the physician’s beliefs or practices about CRC screening”. The authors also did not have information about the physician’s assessment of the quality of communication with the patient. This should be acknowledged.