Author's response to reviews

Title: Cancer screening in a middle-aged general population: factors associated with practices and attitudes

Authors:

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Author's response to reviews: see over
Dear Editor,

We thank you for having considered our manuscript and we send to you the revised version. Some tables initially included in additional file (because of their landscape format) were split and added into the end of the document. We also added the name of the ethics committee which approved our study.

Hereafter, we respond point-by-point to the concerns of the three referees:

Referee 1:

1) Page 8 and Table 2. The primary outcome is having had a screening test in the last three years. However, having ever had a test in the lifetime is also valuable information, which would be useful to provide (currently data are not shown).

   => Two questions were used: 1) having ever had a test in their lifetime 2) having had a test in the last 3 years. The first question was inserted to improve the respondents’ recall of their screening practices, before focussing on the recent experience. We planned to analyze the latter only, since the measured attitudes are current as well. Repeating the analyses with the lifetime experience question would add a large number of tables, but little new information, since the lifetime and 3-year reports are highly correlated, with correlation coefficients between 0.81 and 0.89, depending on the test. Therefore we propose not to add these analyses. However, if the reviewer and editor feel strongly that these analyses should be added, we would be happy to oblige.

2) Screening coverage (last three years) by type of screening is in a way a sub-product of the study. However, it is valuable in itself: I suggest that visibility is given to these results in the abstract (mammography 50-60, pap test 30-60, colon M/W 50-60, prostate 50-60).

   => We added this information in the abstract (results)
3) Table 2. Confidence intervals may be usefully added.
   => We agree that confidence intervals are useful in many instances. However, adding this information would force us to put the table in landscape format, and therefore to take it out of the paper and insert it as an additional file (according to authors' instructions). This seems excessive to us, given that this table provides background information, but does not address the main research objectives. Additionally, since we provide total Ns, readers can compute the confidence intervals should they need them. So we would prefer to report the tests only. Again, this is a matter of preference, and if the reviewer and editor insist on it, we will add the CIs.

4) Table 1, numbers at the top of the first 3 columns (All - n=1410, etc) are unnecessary and may be confusing.
   => We deleted this information.

5) Table 1, scale of cans of screening. The fact that 43.5% of persons (57% among women!) having the worst attitudes towards screening have nevertheless practised screening in the last three years deserves a comment! Does this suggest limited reliability of the instrument (scale of cons)?
   => Thank you; we added a comment in the Discussion (see "Study strengths and limitations", last §, last sentence)

Referee 2:
MCR: to better describe the implications on study validity of the low participation rate. This part is totally missed in the abstract
   => We added this information in the abstract, see results (first sentence) and conclusion (last sentence).

MER: to insert a table describing the characteristics of responders and responders at least by sex and age
   => All our data about non-responders are shown page 8, in the text.

Referee 3:
(No concerns)

Yours sincerely,

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