Reviewer’s report

**Title:** Comparison of breast and bowel cancer screening uptake patterns in a common cohort of South Asian women in England

**Version:** 1  **Date:** 4 June 2009

**Reviewer:** John Brodersen

**Reviewer’s report:**

Major Compulsory Revisions

This is methodologically a solid paper to which I have no comments on the used methods and the revealed results. All my general comments to the manuscripts concern the discourse of the paper, which is a pure utilitarian discourse.

The authors state throughout the paper that high screening participation is ‘positive’ and a ‘success’. In relation to no participation the authors use words like; ‘poor’ and ‘refuse’. However, all cancer screening induce harm, some also do good. Therefore, as there are important trade-offs between benefits and harms with cancer screening, a decision to attend is not more ‘correct’ than a decision not to attend, and this must be made clear to potential participants - and to the reader. Therefore, health authorities that wish to offer cancer screening should offer it, and not advocate it and the invited citizens should be given adequate evidence-based information to allow them to make a truly informed decision. Therefore, the introduction, discussion and conclusion should be revised according to a balanced and evidenced based discourse.

Another important critical mistake the authors conduct is to report on poor and not best available evidence of the benefits of the two cancer screening programmes. In the introduction observational studies and data are reported about the benefits of the two screening programmes. Why have the authors not used the best available evidence of the benefits and harms of screening for breast and bowel cancer? Two recently updated Cochrane review are available. In relation to best available evidence the authors should also in a balanced way inform the reader about the benefits as well as the harms of both screening programmes. This should of course be communicated in and understandable way using absolute risk reduction and/or number need to screen and harm as a minimum. The same denominators should also be used to be able to compare the benefits and harms. All these facts are available in the two Cochrane reviews.

**Level of interest:** An article of limited interest

**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