Reviewer's report

Title: Can colorectal cancer survivors recall their medications and doctor visits reliably?

Version: 1 Date: 9 January 2012

Reviewer: Fredric Wolinsky

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Major Compulsory Revisions:

The literature review needs further work. As the author points out, the literature is not entirely consistent due to the many different data sets, comparators, etc. At least in the USA, most comparisons have involved automated administrative data, or automated EMRs. Thus, codes are written to extract data from those records, allowing the comparisons to involve larger numbers of subjects.

In this study, medical charts are reviewed, but the nature of the charts is not made clear, at least to this reviewer. This issue is a bit further complicated by the fact that the sample involves 76 patients selected from 410 participants to an RCT of colon cancer patients. Thus, selection bias already exists by disease type, and willingness to participate in the parent RCT. Furthermore, it is quite likely that data reporting and collection, both for the medical charts, and the survey interviews, is likely to be a bit more rigorous from all parties. So, generalizability is quite an issue here, and sadly will be very, very difficult to address.

GP visits and SP visits in the past 6 months are harvested and self reported. This time reference is rather shorter than what is typically done in the USA at least, where one year recalls are frequently used. The self report questions themselves are far, far more detailed than what occurs in normal practice. Furthermore, the exact questions are not provided, and it is unclear what “further detail was asked to be completed in a table format”, or by whom this was done. On the chart side, there is no indication given as to what constitutes a visit—many other studies have reported that patients think of a visit as a trip to the doctor’s office building, but if two are seen, often this is recalled/considered to be just one visit. It would be very helpful to know how the chart data were abstracted, and the determination of chart based visits was made.

The rationale for the four groupings within medications is a bit underdeveloped. And collapsing that to a matched report of any use, as is apparently the case, within these broad categories is perhaps problematic. For example, patients may say yes, I take medication for my BP. But for those with difficult to control BP, this may be 3-4 different hypertensive medications.

The logistic regression is alluded to, but never presented in detail, or really at all. It is essential to do so because the general rule of thumb is that there should be
at least ten events per term in the model. The maximum number of allowable
terms in this sample, then, would be 3-4, but it is never clear, even, what the
models are.

Overall, these issues point to two major problems with the manuscript. One that
has already been mentioned is the generalizability of the results from this very
select subject pool. The other is that the amount of information contained in the
manuscript is far below the standard for being able to replicate the study. You
just have not given readers the information they need to determine whether your
results and conclusions are warranted.

Level of interest: An article of insufficient interest to warrant publication in a
scientific/medical journal

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests.