Reviewer's report

Title: Predictors of colorectal cancer screening in diverse primary care practices

Version: 1 Date: 31 May 2006

Reviewer: Edmund Bini

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General

Zimmerman et al evaluated determinants of colorectal cancer (CRC) screening in patients 66 years of age and older from 30 diverse primary care practices. The key findings of their study was the low rates of CRC screening and the association between CRC screening with more office visits as well as routinely receiving the influenza vaccination. Because of the link with immunization status, the authors concluded that linking preventive services might have a beneficial effect on CRC screening. Although several studies have shown that CRC screening rates are low, the link with immunization is an interesting and novel finding. Below are my comments to assist in improving the manuscript.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The range of each screening type for the 30 sites should be reported.
2. Is there any association between the type of visit (acute, chronic, or preventive) and screening rates?
3. What aspects of CRC screening (if any) were included in the patient survey (top of page 5)?
4. Were the 13,000 visits included in this study all visits or a sample of the visits (paragraph 2 on page 5)? Please clarify.
5. The manuscript would be strengthened if recommended and refused screening rates were included in the paper if available. If not, please mention as a limitation of the study.
6. Was information available about whether patients were referred to GI clinic or seen by a GI provider?
7. The discussion should be expanded to discuss how linking preventive services (CRC screening and immunization) could be accomplished.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Include a reference for the statements about Healthy People 2010 (page 3, paragraph 1).
2. Although the rates of sigmoidoscopy, colonoscopy, and barium enema were combined due to small numbers, it would be informative to include a breakdown of the proportion of patients who received each of these tests.
3. What proportion of patients had ever had any one of the CRC screening tests?

Discretionary Revisions (which the author can choose to ignore)

1. FOBT rates were broken down as within 1 year or more than 1 year. National surveys have used within the last 2 years in order to capture those who had a FOBT just outside the 1 year window. The authors should also consider reporting FOBT rates within 2 years if the data are easily available.
2. Why was getting a sigmoidoscopy, colonoscopy, or barium enema associated with fewer PCP visits?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: No

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