Reviewer's report

Title: Symptom attributions in patients with colorectal cancer: a population based study

Version: 2 Date: 21 April 2015

Reviewer: Jon Emery

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This is a well-designed and reported study covering an important subject which is relevant to the readership of BMC Family Practice. The major strength of this research is the recruitment method through a population cancer registry with good response rates. Use of the IPQ-R in this particular context is relatively novel and makes a useful contribution to the broader field about symptom appraisal.

Major compulsory revisions
None

Minor essential revisions
1. Lines 59-62 seemed to be a repeated sentence.
2. Lines 223-225 are not very clear and may require better explanation.
3. I think something has been lost in translation in relation to the causal attribution 'scratch or chink'. I think perhaps this might read better as 'scratch or cut' perhaps.

Discretionary revisions
1. In the Introduction it would be worth mentioning that this research is relevant to the development and evaluation of cancer symptom awareness campaigns as well as how people present to their GP about symptoms associated with cancer. This might also be worth covering in the Discussion.
2. It would be useful to clarify if the questionnaire about the nature of the respondents' symptoms based on an existing instrument or developed de novo for this study.
3. The authors should present data on the median time since diagnosis to the date they completed the questionnaire. All such studies are subject to potentially important recall bias and so this information is helpful in judging the potential for such bias.
4. The category 'Other symptoms' is relatively large and covers fatigue, nausea, fever and decreased appetite. I understand why they have combined these into a single category for the analyses but it would be useful to present descriptive data on the frequency of each of these symptoms.
5. I think the authors have overstated the importance of the non-significant association between the causal attributions and time to diagnosis. I realise that they hoped to find these associations but just because the association does not
quite reach a p value of 0.05 does not justify some of their statements.

6. In the Discussion it would be useful to discuss the association between rectal cancer and benign explanations from a clinical perspective. I presume that rectal tumours, because of the nature of their bleeding, are more likely to be ascribed to haemorrhoids, compared with rectal bleeding due to a colon cancer. This might be worth discussing briefly.

7. Their main conclusion is that these causal attributions may affect the way symptoms are discussed with a GP and the responses made by the GP. This is an interesting hypothesis. Are the authors aware of any previous research to which they can refer, not just in relation to cancer, which shows that patients’ causal attributions affect GPs' diagnostic decision making?

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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